**ATTACHMENT 11 FILING FEE**

**ACCOUNTS PAY ABL E** NO.0000692349

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INVOICE NUMBER | DATE | DESCR£PTIO N | GROSS AMOUNT | DISCOUNT | NET PAY |
| 20113015 FILING FEE | 03/25/2021 |  | 4,774.96 | 0.00 | 4,774.96 |
| VE DOR ID | S-0000 1887 | TOT**AL>>>>>>>** | 4,774.96 | 0.00 | 4,774.96 |

S f ATEMENT OF REMITT ANCE - DETACH AND RETAJN FOR YOU R RECORDS

South Shore Hospital, Inc.

*55* Fogg Road

South Weymouth, MA 02 190

Sa ntander

75 Sta te Stree t Boston, MA 02109

60-7269/2313

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. NO 0000692349

Date

03/31/2021

Amount

... $ 4,774.96





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Four Thousand Seven Hundred Seventy Four and 96/100 VOID AFTER 120 DAYS

PAY TO T HE

O RDER OF

#### Commonw ealth Of Massachusetts

##### 529 Main Stree t Charlestown, MA 02129

--- AUTHORJZE DSIG, ATURE

 

* **see Reverse Side For Easy Opening Instructions\***

So uth Shore Hosp ital, Inc.

*55* Fogg Road

South Weymouth, MA 02190

Commonwealth Of Massachusetts 529 Main Street

Charlestown, MA 021 29

REMOVE BOTH SIDE STUBSFI RST

FOLD, CREASEAND REMOVE THIS STUB AT PERFORATION

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ENDORSE CHECK HERE

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