

EARNINGS STATEMENT

PAID TO:
Surachany Cao-Thi L

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Surachany Cao-Thi L

| Category | Item | Value | Unit | Notes |
|-------------------|-----------------|-------|------|----------------------|
| Electronics | Smartphone | 1200 | USD | Apple iPhone 13 |
| | Laptop | 1500 | USD | MacBook Pro 16" |
| | Tablet | 800 | USD | iPad Air 5th Gen |
| | Smartwatch | 250 | USD | Apple Watch Series 7 |
| Clothing | Jeans | 50 | USD | Levi's 501 |
| | T-shirt | 20 | USD | Nike Dri-FIT |
| | Sneakers | 100 | USD | Adidas Ultraboost |
| Home Goods | Refrigerator | 1200 | USD | Whirlpool Gold |
| | Washing Machine | 800 | USD | Front Load |
| Automotive | Car Insurance | 1200 | USD | Annual Premium |
| | Gasoline | 50 | USD | Regular Unleaded |
| Travel | Hotel Stay | 300 | USD | Double Room |
| | Airfare | 600 | USD | Economy Class |
| Food & Beverage | Restaurant Meal | 20 | USD | Two People |
| | Groceries | 50 | USD | Weekly Shopping |
| Health & Wellness | Gym Membership | 100 | USD | Monthly Fee |
| | Spa Treatment | 150 | USD | Massage & Facial |
| Education | College Tuition | 10000 | USD | Per Year |
| | Textbooks | 500 | USD | Per Semester |

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT**PAY PERIOD:**

PAID TO:
Pamela Ann Uhlenhop

THIS IS NOT A CHECK

[illegible]

| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| [REDACTED] | [REDACTED] | [REDACTED] |
|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED]

EARNINGS STATEMENT

(Work address)
Stockton, CA 95206
Phone: 8558366355

PAID TO:
Priscilla Amador

PAY PERIOD:

883

11

[illegible]

EARNINGS STATEMENT

(Work address)
El Cerrito, CA 94530
Phone: 8558366355

PAY PERIOD:

██████████
██████████
██████████
██████████
██████████

290

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

(Work address)
Oakland, CA 94610
Phone: 8558366355

PAID TO:
Regine Gonzalves

PAY PERIOD:

290

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

(Work address)
Sacramento, CA 95815
Phone: 8558366355

PAID TO:
Sara Rose Lajes

PAY PERIOD:

290

5

THIS IS NOT A CHECK

[illegible][illegible]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

PAID TO:
Sergio Adrian Santos

ADVICE OF DEPOSIT**PAY PERIOD:**

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) |
|----------|--------------|-----------------|-----------------|
|----------|--------------|-----------------|-----------------|

| Category | Item | Value | Unit | Notes |
|------------|---------|-------|------|--------|
| Category A | Item A1 | 10 | kg | Weight |
| | Item A2 | 5 | L | Volume |
| | Item A3 | 2 | m | Length |
| Category B | Item B1 | 15 | kg | Weight |
| | Item B2 | 8 | L | Volume |
| | Item B3 | 3 | m | Length |
| Category C | Item C1 | 20 | kg | Weight |
| | Item C2 | 12 | L | Volume |
| | Item C3 | 4 | m | Length |
| Category D | Item D1 | 25 | kg | Weight |
| | Item D2 | 18 | L | Volume |
| | Item D3 | 6 | m | Length |

| Category | Value | Value | Value |
|-------------|-------|-------|-------|
| Category 1 | 100 | 100 | 100 |
| Category 2 | 100 | 100 | 100 |
| Category 3 | 100 | 100 | 100 |
| Category 4 | 100 | 100 | 100 |
| Category 5 | 100 | 100 | 100 |
| Category 6 | 100 | 100 | 100 |
| Category 7 | 100 | 100 | 100 |
| Category 8 | 100 | 100 | 100 |
| Category 9 | 100 | 100 | 100 |
| Category 10 | 100 | 100 | 100 |
| Category 11 | 100 | 100 | 100 |
| Category 12 | 100 | 100 | 100 |
| Category 13 | 100 | 100 | 100 |
| Category 14 | 100 | 100 | 100 |
| Category 15 | 100 | 100 | 100 |
| Category 16 | 100 | 100 | 100 |
| Category 17 | 100 | 100 | 100 |
| Category 18 | 100 | 100 | 100 |
| Category 19 | 100 | 100 | 100 |
| Category 20 | 100 | 100 | 100 |
| Category 21 | 100 | 100 | 100 |
| Category 22 | 100 | 100 | 100 |
| Category 23 | 100 | 100 | 100 |
| Category 24 | 100 | 100 | 100 |
| Category 25 | 100 | 100 | 100 |
| Category 26 | 100 | 100 | 100 |
| Category 27 | 100 | 100 | 100 |
| Category 28 | 100 | 100 | 100 |
| Category 29 | 100 | 100 | 100 |
| Category 30 | 100 | 100 | 100 |
| Category 31 | 100 | 100 | 100 |
| Category 32 | 100 | 100 | 100 |
| Category 33 | 100 | 100 | 100 |
| Category 34 | 100 | 100 | 100 |
| Category 35 | 100 | 100 | 100 |
| Category 36 | 100 | 100 | 100 |
| Category 37 | 100 | 100 | 100 |
| Category 38 | 100 | 100 | 100 |
| Category 39 | 100 | 100 | 100 |
| Category 40 | 100 | 100 | 100 |
| Category 41 | 100 | 100 | 100 |
| Category 42 | 100 | 100 | 100 |
| Category 43 | 100 | 100 | 100 |
| Category 44 | 100 | 100 | 100 |
| Category 45 | 100 | 100 | 100 |
| Category 46 | 100 | 100 | 100 |
| Category 47 | 100 | 100 | 100 |
| Category 48 | 100 | 100 | 100 |
| Category 49 | 100 | 100 | 100 |
| Category 50 | 100 | 100 | 100 |
| Category 51 | 100 | 100 | 100 |
| Category 52 | 100 | 100 | 100 |
| Category 53 | 100 | 100 | 100 |
| Category 54 | 100 | 100 | 100 |
| Category 55 | 100 | 100 | 100 |
| Category 56 | 100 | 100 | 100 |
| Category 57 | 100 | 100 | 100 |
| Category 58 | 100 | 100 | 100 |
| Category 59 | 100 | 100 | 100 |
| Category 60 | 100 | 100 | 100 |
| Category 61 | 100 | 100 | 100 |
| Category 62 | 100 | 100 | 100 |
| Category 63 | 100 | 100 | 100 |
| Category 64 | 100 | 100 | 100 |
| Category 65 | 100 | 100 | 100 |
| Category 66 | 100 | 100 | 100 |
| Category 67 | 100 | 100 | 100 |
| Category 68 | 100 | 100 | 100 |
| Category 69 | 100 | 100 | 100 |
| Category 70 | 100 | 100 | 100 |
| Category 71 | 100 | 100 | 100 |
| Category 72 | 100 | 100 | 100 |
| Category 73 | 100 | 100 | 100 |
| Category 74 | 100 | 100 | 100 |
| Category 75 | 100 | 100 | 100 |
| Category 76 | 100 | 100 | 100 |
| Category 77 | 100 | 100 | 100 |
| Category 78 | 100 | 100 | 100 |
| Category 79 | 100 | 100 | 100 |
| Category 80 | 100 | 100 | 100 |
| Category 81 | 100 | 100 | 100 |
| Category 82 | 100 | 100 | 100 |
| Category 83 | 100 | 100 | 100 |
| Category 84 | 100 | 100 | 100 |
| Category 85 | 100 | 100 | 100 |
| Category 86 | 100 | 100 | 100 |
| Category 87 | 100 | 100 | 100 |
| Category 88 | 100 | 100 | 100 |
| Category 89 | 100 | 100 | 100 |
| Category 90 | 100 | 100 | 100 |
| Category 91 | 100 | 100 | 100 |
| Category 92 | 100 | 100 | 100 |
| Category | | | |

| Category | Value | Value |
|------------|---------|---------|
| Category 1 | Value 1 | Value 2 |
| Category 2 | Value 1 | Value 2 |
| Category 3 | Value 1 | Value 2 |
| Category 4 | Value 1 | Value 2 |
| Category 5 | Value 1 | Value 2 |
| Category 6 | Value 1 | Value 2 |
| Category 7 | Value 1 | Value 2 |

EARNINGS STATEMENT

(Work address)
Rancho Cordova, CA 95670
Phone: 8558366355

PAID TO:
Shadya Margarita Guerra

ADVICE OF DEPOSIT

PAY PERIOD:

290

95670

erra

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | | | | | |
|----------|--------------|-----------------|-----------------|--|--|--|--|----|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | </ |

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Shamara Miles

THIS IS NOT A CHECK

[illegible][illegible]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)

Pollock Pines, CA 95726
Phone: 8558366355

PAID TO:
Nicole Marie Berdrow

Drive
95726**ADVICE OF DEPOSIT****PAY PERIOD:**

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

(Work address)
Roseville, CA 95747
Phone: 8558366355

PAID TO:
Nichole Krystyne Meyer

ADVICE OF DEPOSIT

PAY PERIOD:

290

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT**PAY PERIOD:**

PAID TO:
Nathan John Guerra

ing
a,

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26



290

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

Los Angeles, CA 90021
Phone: 8558366355

PAID TO:
Merlin Minh Tsan

ADVICE OF DEPOSIT

PAY PERIOD:[illegible]

EARNINGS STATEMENT

11/11/2016

290

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) |
|------------|--------------|-----------------|-----------------|
| Sick Leave | | | |
| | | | |
| | | | |

| EARNINGS | RATE | HOURS | CURRENT | YTD |
|----------|------|-------|---------|--------|
| ██████ | ████ | ████ | ██████ | ██████ |
| ██████ | ████ | ████ | ████ | ████ |
| ██████ | ████ | ████ | ████ | ████ |
| ██████ | ████ | ████ | ████ | ████ |
| ██████ | ████ | ████ | ████ | ████ |
| ██████ | ████ | ████ | ████ | ████ |

[illegible]

| DEDUCTIONS | CURRENT EMP. | PREVIOUS EMP. | PREVIOUS EMP. | PREVIOUS EMP. |
|------------|--------------|---------------|---------------|---------------|
| | | | | |

[illegible]

EARNINGS STATEMENT

Cirrus Heights, CA 95621
Phone: 8558366355

PAY PERIOD:

290

621

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | SUMMARY | CURRENT | YTD |
|----------|--------------|-----------------|-----------------|---------|---------|-----|
|----------|--------------|-----------------|-----------------|---------|---------|-----|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[REDACTED]
Phone: 8558366355

PAID TO:
Tonja Suzanne Diongson

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

THIS IS NOT A CHECK

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[Redacted]
Sacramento, CA 95829
Phone: 8558366355

PAID TO:
Twyla Dean

[Redacted]

ADVICE OF DEPOSIT

PAY PERIOD:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. DEDUCTION | CURRENT CO. CONTRIBUTION | YTD EMP. DEDUCTION | YTD CO. CONTRIBUTION |
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [Redacted] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Tisha Scott Abernathy

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

[REDACTED]
[REDACTED]
Clearlake Oaks, CA 95423
Phone: 8558366355

PAID TO:
Therelsa M Goldsmith

[REDACTED]
[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Susan Carolyn Brown

THIS IS NOT A CHECK

TIME OFF USED (HOURS) ACCRUED (HOURS) BALANCE (HOURS) DEDUCTIONS CURRENT EMP. CURRENT CO. YTD EMP. YTD CO.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Nicole Banaglorioso

THIS IS NOT A CHECK

TIME OFF USED (HOURS) ACCRUED (HOURS) BALANCE (HOURS) DEDUCTIONS CURRENT EMP. CURRENT CO. YTD EMP. YTD CO.

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Marina Whitaker

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

[REDACTED]
Tulucine, CA 95379
Phone: 8558366355

PAID TO:
Lisa Marie Ghiringhell

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

PAID TO:
Lisa Diane Mcclung

IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. DEDUCTION | CURRENT CO. CONTRIBUTION | YTD EMP. DEDUCTION | YTD CO. CONTRIBUTION |
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|

EARNINGS STATEMENT

290

THIS IS NOT A CHECK

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[REDACTED]
Downey, CA 90241
Phone: 8558366355

PAID TO:
Lauren Selene Fonseca

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[Redacted]
Phone: 8558366355

PAID TO:
Laura Waage Murphey

[Redacted]

ADVICE OF DEPOSIT

PAY PERIOD:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [Redacted] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

[REDACTED]
Los Angeles, CA 90021
Phone: 8558366355

PAID TO:
Kimberly Ng

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

0 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

[REDACTED]
Livermore, CA 94561
Phone: 8558366355

PAID TO:
Kayla Lynn Brundage

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAID TO:
Andre Jamal Williams

Sacramento, CA 95823

PAY PERIOD:

THIS IS NOT A CHECK

[illegible]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
ALEJANDRA Christine SALLEE

Meadow Vista, CA 957

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. DEDUCTION | CURRENT CO. CONTRIBUTION | YTD EMP. DEDUCTION | YTD CO. CONTRIBUTION |
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Alyssa Moore

Folsom, CA 95630

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
| | | | | | | | | |

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[Redacted]
Richmond, CA 94804
Phone: 8558366355

PAID TO:
Andrea Lerma Espinoza

ADVICE OF DEPOSIT

PAY PERIOD:

[Redacted]
[Redacted]
[Redacted]
[Redacted]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| [Redacted Table Content] | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT



290

THIS IS NOT A CHECK

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[Redacted]
Folsom, CA 95630
Phone: 8558366355

PAID TO:
Angela M Beck

ADVICE OF DEPOSIT

PAY PERIOD:

[Redacted]
[Redacted]
[Redacted]
[Redacted]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
|------------|--------------|-----------------|-----------------|------------|------------|------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

[Redacted]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[Redacted]
Camino, CA 95709
Phone: 8558366355

PAID TO:
Angela Warden

[Redacted]

ADVICE OF DEPOSIT

PAY PERIOD:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. DEDUCTION | CURRENT CO. CONTRIBUTION | YTD EMP. DEDUCTION | YTD CO. CONTRIBUTION |
|----------|--------------|-----------------|-----------------|------------|------------------------|--------------------------|--------------------|----------------------|
|----------|--------------|-----------------|-----------------|------------|------------------------|--------------------------|--------------------|----------------------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [Redacted] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
April Marie Daly

ROSEVILLE

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
April Powell

631100 CA 93514

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[REDACTED]
Sacramento, CA 95820
Phone: 8558366355

PAID TO:
Audrey Elizabeth Merriman

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
Fresno, CA 93722
Phone: 8558366355

PAID TO:
Aundresha People

ADVICE OF DEPOSIT

PAY PERIOD:

THIS IS NOT A CHECK

TIME OFF USED (HOURS) ACCRUED (HOURS) BALANCE (HOURS) SUMMARY CURRENT YTD

EARNINGS STATEMENT

Sacramento, CA 95820
Phone: 8558366355

PAY PERIOD:

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | SUMMARY | CURRENT | YTD |
|----------|--------------|-----------------|-----------------|---------|---------|-----|
|----------|--------------|-----------------|-----------------|---------|---------|-----|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Emma Laughlin

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[REDACTED]
Sausalito, CA 94905
Phone: 8558366355

PAID TO:
Erik Munoz

[REDACTED]
Sausalito, CA 94905
[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)

Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Glendia Jo Wells

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | SUMMARY | CURRENT | YTD |
|----------|--------------|-----------------|-----------------|---------|---------|-----|
|----------|--------------|-----------------|-----------------|---------|---------|-----|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work [REDACTED])
[REDACTED]
Pacifica, CA 94553
Phone: 8558366355

PAID TO:
Janet L. Riedel

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|------------|--------------|-----------------|-----------------|------------|------------|------------|------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

[REDACTED]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
[REDACTED]
San Jose, CA 95136
Phone: 8558366355

PAID TO:
Jared Richard Stoen

ADVICE OF DEPOSIT

PAY PERIOD:

THIS IS NOT A CHECK

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Jennifer Hammond

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

(Work address)
North Highlands, CA 95660
Phone: 8558366355

PAID TO:
Julie Cortez

IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. DEDUCTION | CURRENT CO. CONTRIBUTION | YTD EMP. DEDUCTION | YTD CO. CONTRIBUTION |
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|
|----------|--------------|-----------------|-----------------|------------|---------------------------|-----------------------------|-----------------------|-------------------------|

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Work address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

ADVICE OF DEPOSIT

PAY PERIOD:

PAID TO:
Juliette Inocelda

THIS IS NOT A CHECK

TIME OFF USED (HOURS) ACCRUED (HOURS) BALANCE (HOURS) DEDUCTIONS CURRENT EMP. CURRENT CO. YTD EMP. YTD CO.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

EARNINGS STATEMENT

MASTER-CARE, INC.
MASTER-CARE INC
(Legal Address)
604 Sutter Street, Ste 290
Folsom, CA 95630
Phone: 8558366355

[REDACTED]
Long Beach, CA 90805
Phone: 8558366355

PAID TO:
Karla Johanna Zepeda

[REDACTED]

ADVICE OF DEPOSIT

PAY PERIOD:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

THIS IS NOT A CHECK

| TIME OFF | USED (HOURS) | ACCRUED (HOURS) | BALANCE (HOURS) | DEDUCTIONS | CURRENT EMP. | CURRENT CO. | YTD EMP. | YTD CO. |
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|
|----------|--------------|-----------------|-----------------|------------|--------------|-------------|----------|---------|

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| [REDACTED] | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|