Vendor: BANK OF04-Bank of Utah-RefPay Trust Account
C/O RefPay Account 1042607163 200 East South Temple Ste 210

Pymt # M100000476
07/23/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/10/2026		250.00	10-3250-330-000-30-800-008-000-0000	Cross Country Prof Svcs
	08/10/2026		2600.00	10-3250-330-000-30-800-021-000-0000	Volleyball Prof Srvc
	08/10/2026		1328.00	10-3250-330-000-20-500-017-000-0000	MS Soccer Prof Svcs
	08/10/2026		3160.00	10-3250-330-000-30-800-016-000-0000	Girls Soccer Prof Svc
	08/10/2026		3160.00	10-3250-330-000-30-800-015-000-0000	Boys Soccer Prof Svc
	08/10/2026		5184.00	10-3250-330-000-30-800-013-000-0000	HS Football Officials
	08/10/2026		1320.00	10-3250-330-000-20-500-013-000-0000	MS Football Officials
	08/10/2026		2880.00	10-3250-330-000-30-800-011-000-0000	Field Hockey Prof Svc
	08/10/2026		1280.00	10-3250-330-000-20-500-011-000-0000	MS Field Hockey Officials
	Payment Amount:		**21162.00**		

Vendor: BANK OF04-Bank of Utah-RefPay Trust Account
C/O RefPay Account 1042607163 200 East South Temple Ste 210

Pymt # M100000476
07/23/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/10/2026		250.00	10-3250-330-000-30-800-008-000-0000	Cross Country Prof Svcs
	08/10/2026		2600.00	10-3250-330-000-30-800-021-000-0000	Volleyball Prof Srvc
	08/10/2026		1328.00	10-3250-330-000-20-500-017-000-0000	MS Soccer Prof Svcs
	08/10/2026		3160.00	10-3250-330-000-30-800-016-000-0000	Girls Soccer Prof Svc
	08/10/2026		3160.00	10-3250-330-000-30-800-015-000-0000	Boys Soccer Prof Svc
	08/10/2026		5184.00	10-3250-330-000-30-800-013-000-0000	HS Football Officials
	08/10/2026		1320.00	10-3250-330-000-20-500-013-000-0000	MS Football Officials
	08/10/2026		2880.00	10-3250-330-000-30-800-011-000-0000	Field Hockey Prof Svc
	08/10/2026		1280.00	10-3250-330-000-20-500-011-000-0000	MS Field Hockey Officials
	Payment Amount:		**21162.00**		

M100000476

07/23/2026

******************21,162.00**

PAY Twenty-One Thousand One Hundred Sixty-Two and 00/100 Dollars

To the Order of:

Bank of Utah-RefPay Trust Account
C/O RefPay Account 1042607163
200 East South Temple Ste 210
SALT LAKE CITY UT 84111

NON-NEGOTIABLE

Account Details

Account Creation Date	Account Number	Account Type	Currency	Description	Available Balance	Current Balance
12/08/2014 12:36 PM	1042607163	Assoc. Main	USD		21,632.16	21,632.16
Total transactions since account creation:	[redacted]					
Total pending transactions:	0					
Last recorded transaction:	07/22/2026 12:41 PM					

Transactions

Date / Time	Transaction Number	Transaction Description	Debit	Credit	Available Balance	Status
07/27/2026 12:54 PM	[redacted]	Upload Funds into ArbiterPay (EFT)		21,162.00	21,632.16	Executed

[redacted]

[redacted]

Ref Pay for Fall Sports

1 message

[redacted] Mon, Jul 20, 2026 at 9:00 AM

Good Morning,

We will need the following amounts transferred into our RefPay account for the Fall Sports season.

Middle School Field Hockey – 10-3250-330-000-20-500-011-000-0000 $1,280.00

Varsity Field Hockey – 10-3250-330-000-30-800-011-000-0000 - $2,880.00

Middle School Football – 10-3250-330-000-20-500-013-000-0000 $1,320.00

Varsity/JV Football – 10-3250-330-000-30-800-000-013-000-0000 $5184.00

Boys Soccer – 10-3250-330-000-30-800-015-000-0000 $3,160.00

Girls Soccer - 10-3250-330-000-30-800-016-000-0000 - $3,160.00

Middle School Soccer – 10-3250-330-000-20-500-017-000-0000 - $1,328.00

Varsity/JV Volleyball - 10-3250-330--30-800-021-000-0000 $2,600.00

Cross Country – 10-3250-330-000-30-800-008-000-0000 $250.00

Please let us know if you need anything else!

Thanks,

21,102 – 7/23/26

[redacted]

Lehighton Area High School

Athletics and High School Secretary

1 Indian Lane

[redacted]

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000477
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3182.43		
		SEE PAYMENT DETAIL LISTING			

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000477
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3182.43		
		SEE PAYMENT DETAIL LISTING			

M100000477

08/05/2026

**********3,182.43

PAY Three Thousand One Hundred Eighty-Two and 43/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Detail Listing

Mutual of Omaha (MUTUAL OF)
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Number: M100000477
Payment Date: 08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/05/2026		0.28	10-2620-213-000-00-000-000-000-0000	July Life
	08/05/2026		0.33	10-0132-000-000-00-000-000-000-0000	July Life
	08/05/2026		0.55	10-2620-213-000-30-800-000-000-0000	July Life
	08/05/2026		0.55	10-2620-213-000-20-500-000-000-0000	July Life
	08/05/2026		0.55	10-2620-213-000-10-200-000-000-0000	July Life
	08/05/2026		4.41	10-2818-213-000-00-000-000-000-0000	July Life
	08/05/2026		4.96	10-1225-213-000-30-800-000-000-0000	July Life
	08/05/2026		6.06	10-2140-213-000-20-500-000-000-0000	July Life
	08/05/2026		6.89	10-2839-213-000-00-000-000-000-0000	July Life
	08/05/2026		7.44	10-2140-213-000-30-800-000-000-0000	July Life
	08/05/2026		7.99	10-2240-213-000-00-000-000-000-0000	July Life
	08/05/2026		9.37	10-1225-213-000-20-500-000-000-0000	July Life
	08/05/2026		10.75	10-2160-213-000-30-800-000-000-0000	July Life
	08/05/2026		11.30	10-2160-213-000-10-200-000-000-0000	July Life
	08/05/2026		11.30	10-1231-213-000-20-500-000-000-0000	July Life
	08/05/2026		11.85	10-2440-213-000-10-200-000-000-0000	July Life
	08/05/2026		12.13	10-1801-213-217-10-200-000-000-0000	July Life
	08/05/2026		12.68	10-2440-213-000-30-800-000-000-0000	July Life
	08/05/2026		12.96	10-2160-213-000-20-500-000-000-0000	July Life
	08/05/2026		14.33	10-1211-213-000-30-800-000-000-0000	July Life
	08/05/2026		15.71	10-2611-213-000-00-000-000-000-0000	July Life
	08/05/2026		16.26	10-3250-213-000-00-000-000-000-0000	July Life
	08/05/2026		16.26	10-2140-213-000-10-200-000-000-0000	July Life
	08/05/2026		17.09	10-2250-213-000-20-500-000-000-0000	July Life
	08/05/2026		17.37	10-2250-213-000-10-200-000-000-0000	July Life
	08/05/2026		17.64	10-2260-213-000-00-000-000-000-0000	July Life
	08/05/2026		17.92	10-2250-213-000-30-800-000-000-0000	July Life
	08/05/2026		20.40	10-2513-213-000-00-000-000-000-0000	July Life
	08/05/2026		22.88	10-2120-213-000-20-500-000-000-0000	July Life
	08/05/2026		23.15	10-2120-213-000-10-200-000-000-0000	July Life
	08/05/2026		23.98	10-2269-213-000-00-000-000-012-0000	July Life
	08/05/2026		26.74	10-1211-213-000-20-500-000-000-0000	July Life
	08/05/2026		27.56	10-1225-213-000-10-200-000-000-0000	July Life
	08/05/2026		29.22	10-1211-213-000-10-200-000-000-0000	July Life
	08/05/2026		29.49	10-1231-213-000-30-800-000-000-0000	July Life
	08/05/2026		32.25	10-2120-213-000-30-800-000-000-0000	July Life
	08/05/2026		33.90	10-1241-213-000-20-500-000-000-0000	July Life
	08/05/2026		35.28	10-1231-213-000-10-200-000-000-0000	July Life
	08/05/2026		37.76	10-2380-213-000-20-500-000-000-0000	July Life
	08/05/2026		41.90	10-2380-213-000-30-800-000-000-0000	July Life
	08/05/2026		51.55	10-1241-213-000-10-200-000-000-0000	July Life
	08/05/2026		54.58	10-2360-213-000-00-000-000-000-0000	July Life
	08/05/2026		57.89	10-1241-213-000-30-800-000-000-0000	July Life
	08/05/2026		69.46	10-2380-213-000-10-200-000-000-0000	July Life
	08/05/2026		433.32	10-1110-213-000-20-500-000-000-0000	July Life
	08/05/2026		568.11	10-1110-213-000-30-800-000-000-0000	July Life
	08/05/2026		872.12	10-1110-213-000-10-200-000-000-0000	July Life
	08/05/2026		20.04	10-2611-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		21.11	10-3250-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		10.31	10-2260-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		10.31	10-2240-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		5.15	10-2818-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		8.79	10-2839-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		5.86	10-2513-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		20.35	10-2513-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		23.73	10-2380-214-000-30-800-000-000-0000	LTD & STD - July
	08/05/2026		30.10	10-2380-214-000-30-800-000-000-0000	LTD & STD - July
	08/05/2026		22.54	10-2380-214-000-20-500-000-000-0000	LTD & STD - July
	08/05/2026		25.77	10-2380-214-000-20-500-000-000-0000	LTD & STD - July
	08/05/2026		27.04	10-2380-214-000-10-200-000-000-0000	LTD & STD - July
	08/05/2026		31.83	10-2380-214-000-10-200-000-000-0000	LTD & STD - July
	08/05/2026		30.10	10-2380-214-000-10-200-000-000-0000	LTD & STD - July

Payment Detail Listing

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/05/2026		14.52	10-2360-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		37.11	10-2360-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		12.25	10-2260-214-000-00-000-000-000-0000	LTD & STD - July
	08/05/2026		9.57	10-2140-214-000-30-000-000-000-0000	LTD & STD - July
	08/05/2026		7.66	10-2140-214-000-20-500-000-000-0000	LTD & STD - July
	08/05/2026		21.05	10-2140-214-000-10-200-000-000-0000	LTD & STD - July
	08/05/2026		30.77	10-2269-214-000-00-000-000-012-0000	LTD & STD - July
	Payment Amount:		3182.43		

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)		
Basic Life & AD&D		Act 93	Employee Only	17	3,018,000.00	301.79		
Basic Life & AD&D		Professional Staff	Employee Only	169	24,031,000.00	2,403.36		
Basic Life & AD&D		Superintendent	Employee Only	1	433,000.00	43.29		
Basic Life and AD&D - Support		default	Employee Only	73	3,575,000.00	8.03	2756.47	27564700
Employer-Funded Long-Term Disability		default	Employee Only	18	137,863.79	192.84		
Employer-Funded Short-Term Disability		default	Employee Only	18	21,191.64	233.12		
	Totals:			296	$31,216,055.42	$ 3,182.43		

Bill Group Dashboard | My Bill | Payments | Help & Documents | Current Bill Group: [redacted]

Current Balance: $3,182.43
Currently paid to: 07/01/2026

Pay Now

Next Bill Generation Date: 08/04/2026

Delivery Method: ○ Paper Bill (U.S. Mail) ○ Paperless

View My Bill: 07/01/2026 - 07/31/2026 (# 002115737512) - Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002115737512

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	Life	260	$27,564,700.00	0.08/1000	$2,205.18
	AD&D	260	$27,564,700.00	0.02/1000	$551.29
	LTD	18	$137,742.86	0.14/100	$192.84
	STD	18	$21,192.73	0.11/10	$233.12

Total Due on 07/01/2026: $3,182.43

[redacted]

Bill Group Dashboard My Bill Payments Help & Documents Current Bill Group: [redacted]

Current Balance: $3,182.43
Currently paid to: 07/01/2026

Next Bill Generation Date: 08/04/2026

Your payment was processed successfully! Click Here to Print

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in thePayment History section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
$3,182.43	[redacted]	[redacted]	08/04/2026 8:34 AM

[redacted]

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000478
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/05/2026		2439.58	10-0462-213-000-00-000-000-000-0000	EE Vol. Life July
	08/05/2026		1916.52	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD July
		Payment Amount:	4356.10		

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000478
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/05/2026		2439.58	10-0462-213-000-00-000-000-000-0000	EE Vol. Life July
	08/05/2026		1916.52	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD July
		Payment Amount:	4356.10		

M100000478

08/05/2026

**********4,356.10

PAY Four Thousand Three Hundred Fifty-Six and 10/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium [Monthly]			
Voluntary Child Life		Support	Children Only	9	80,000.00	11.28			
Voluntary Child Life		Act 93/Business Admini	Children Only	53	442,000.00	62.32	73.6	73.08	0.52
Voluntary Employee Life		Support	Employee Only	23	1,610,000.00	523.14			
Voluntary Employee Life		Act 93/Business Admini	Employee Only	89	8,240,000.00	1,674.84	2197.96	2000.98	
Voluntary LTD		Support	Employee Only	31	72,612.48	409.12			
Voluntary LTD		Professional Staff	Employee Only	80	384,788.61	1,507.40	1916.52		
Voluntary Spouse Life		Support	Spouse Only	10	190,000.00	47.80			
Voluntary Spouse Life		Act 93/Business Admini	Spouse Only	45	1,105,000.00	120.72	168.52	142.62	
	Totals:			340	$ 12,124,401.09	$ 4,356.62			
					Child Life Diff	-0.52			
						$ 4,356.10			

Bill Group Dashboard | My Bill | Payments | Help & Documents

Current Bill Group: [redacted]

Current Balance: $4,356.10
Currently paid to: 07/01/2026

Pay Now

Next Bill Generation Date: 08/04/2026

Delivery Method: ○ Paper Bill (U.S. Mail) ○ Paperless

View My Bill: 07/01/2026 - 07/31/2026 (# 002115737513) - Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002115737513

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	AD&D Vol Employee	112	$9,850,000.00	0.02/1000	$197.00
	Life Vol Spouse	55	$1,295,000.00	Age Banded	$142.62
	Life Vol Employee	112	$9,850,000.00	Age Banded	$2,000.98
	AD&D Vol Spouse	55	$1,295,000.00	0.02/1000	$25.90
	Life Vol Dep	62	$522,000.00	0.1/1000	$52.20
	AD&D Vol Dep	62	$522,000.00	0.04/1000	$20.88
	LTD Vol	111	$457,401.09	Age Banded	$1,916.52

Total Due on 07/01/2026: $4,356.10

[redacted]

Bill Group Dashboard My Bill Payments Help & Documents Current Bill Group: [redacted]

Current Balance: $4,356.10
Currently paid to: 07/01/2026

Next Bill Generation Date: 08/04/2026

Your payment was processed successfully! Click Here to Print

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in thePayment History section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
$4,356.10	[redacted]	[redacted]	08/04/2026 8:38 AM

[redacted]

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000479
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	17402.19		
		SEE PAYMENT DETAIL LISTING			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000479
08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	17402.19		
		SEE PAYMENT DETAIL LISTING			

M100000479

08/05/2026

**********17,402.19

PAY Seventeen Thousand Four Hundred Two and 19/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000479
Payment Date: 08/05/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/05/2026		26.10	10-2140-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		31.32	10-1225-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		33.06	10-2140-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		36.54	10-2240-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-2620-282-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-2250-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-2160-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-2120-282-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-1110-282-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		40.03	10-1110-282-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		53.95	10-2839-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		71.35	10-2140-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2611-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2514-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2440-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2440-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2440-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2250-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2198-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2170-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2160-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2160-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2125-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-2125-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-1241-282-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		90.49	10-1211-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		128.78	10-2269-272-000-00-000-000-012-0000	July Dental Claims
	08/05/2026		128.78	10-2120-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		128.78	10-2120-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		135.74	10-3250-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		149.66	10-1225-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		180.98	10-2360-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		180.98	10-2250-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		180.98	10-2120-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		180.98	10-1801-272-217-10-200-000-000-0000	July Dental Claims
	08/05/2026		180.98	10-1211-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		215.79	10-2513-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		215.79	10-2260-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		219.27	10-1231-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		219.27	10-0132-000-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		238.41	10-2818-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		259.29	10-2620-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		271.47	10-2620-272-000-00-000-000-000-0000	July Dental Claims
	08/05/2026		271.47	10-2380-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		271.47	10-1231-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		297.58	10-2620-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		309.76	10-2380-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		309.76	10-1231-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		314.98	10-2380-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		348.04	10-1211-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		349.78	10-2620-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		438.54	10-1241-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		581.23	10-1241-272-000-10-200-000-000-0000	July Dental Claims
	08/05/2026		669.98	10-1241-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		2090.80	10-1110-272-000-20-500-000-000-0000	July Dental Claims
	08/05/2026		2246.62	10-1110-272-000-30-800-000-000-0000	July Dental Claims
	08/05/2026		3927.69	10-1110-272-000-10-200-000-000-0000	July Dental Claims
	Payment Amount:		17402.19		

United Concordia dental

1000 UNION STREET
LEHIGHTON, PA 18235-

Invoice: 000381527
Due Date: 08/04/2026
Previous Bill Date/Current Bill Date: 06/30/2026 - 07/31/2026

Claims Invoice

Date	Invoice Number	Client Name	Client Number	Total Due
07/31/2026	000381527	LEHIGHTON AREA SCHOOL DISTRICT	[redacted]	$17,402.19

Invoice Total Amount Due: $17,402.19

Amount due includes the plan benefits paid and the network access fee to claims administrator per the Agreement for Administrative and Claims Payment Services. Additional information upon request.

The total amount due reflects the current period only and does not include any outstanding balances. If you have any questions concerning this invoice, please send an email to ASOClaims@ucci.com. Thank you.

Vendor: TD BANK N-TD Bank National Association
6000 Atrium Way MOUNT LAUREL NJ 08054

Pymt # M100000480
08/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/10/2026		48402.68	10-1390-564-000-00-006-000-090-0000	CCTI Interest & Principal
		Payment Amount:	48402.68		

Vendor: TD BANK N-TD Bank National Association
6000 Atrium Way MOUNT LAUREL NJ 08054

Pymt # M100000480
08/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	08/10/2026		48402.68	10-1390-564-000-00-006-000-090-0000	CCTI Interest & Principal
		Payment Amount:	48402.68		

M100000480

08/10/2026

**********48,402.68

PAY Forty-Eight Thousand Four Hundred Two and 68/100 Dollars

To the Order of:

TD Bank National Association
6000 Atrium Way
MOUNT LAUREL NJ 08054

Domestic Wire Transfer Form

Log # _____

Sender Information

Date: 8/10/26 Wire Amount: $48,402.68

Sender Name: Lehighton Area School District SSN/EIN [redacted]

STREET Address (No PO Box): 1000 Union Street

City: Lehighton State: PA Zip code: 18235 Telephone: (610) 377-4490 ext. 7524

Originator's Acct #: [redacted] Account Title: Lehighton Area School District General Fund

Available Balance (Before Wire): 33,185,815.42

Originator Signature: [redacted]

Employee Signature: _____

****

Bank Information

Routing Number (Must be 9 digits) [redacted]

Bank Name: TD Bank City: Cherry Hill State: NJ

****

Receiver Information or Intermediate Bank Information

Beneficiary/Intermediate Bank Name: Trustee Clearing

Account # [redacted]

STREET Address (No PO Box): 6000 Atrium Way

City: Mt. Laurel State: NJ Zip Code: 08054

****

Final Credit (Do not duplicate above info only needed if Intermediate bank used above)

Beneficiary Name: _____

Account #: _____

STREET Address (No PO Box): _____

City: _____ State: __ Zip Code: _____

****

Reason for Wire Transfer/Additional Information (Reasons Must be Provided for All)

RE: CCTVSA Revenue Bonds, School Lease Revenue Bond, Series of 2016 (CCTI Project)

TD Wealth
TD Bank, N.A.

TD Wealth Management, Institutional Trust

July 15, 2026

Lehighton Area School District
Attn: Business Manager
1000 Union Street
Lehighton, PA 18235

[redacted]

Re: ***$17,660,000 Carbon County Area Vocational-Technical School Authority (CCTI Project) Series of 2016***

Dear Sir or Madam:

In accordance with the Third Supplemental Agreement of Lease dated April 20, 2016, please be advised that the Loan payment is due and payable on or before August 15, 2026 for the September 1, 2026 Debt Service payment, as set forth below:

Interest & Principal Payment: **$48,402.68**

Payments can be made by wire or electronic transfer as indicated below.

If you should have any questions regarding the foregoing, please feel free to contact me.

Sincerely,
Mary Dallatore
Vice President, CCTP, CTMC
mary.dallatore@td.com

cc: Jeffry Deutsch *jdeutsch@carboncti.org*

Acknowledged By:_____

- Debit TD Bank, National Association, Account # _____.
- ACH Debit to _____ Bank, ABA #_____, Acct #_____
- **Wire transfer to TD Bank, Cherry Hill, NJ,**

[redacted]

9000 Atrium Way
Mt. Laurel, NJ 08054
856-242-6535
Fax 856-533-7130