Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000500
10/27/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	10/27/2026		637826.54	10-5110-912-000-00-002-000-090-0000	2014 QZAB Principal Pmt
	10/27/2026		63367.50	10-5110-832-000-00-002-000-090-0000	2014 QZAB Interest Pmt
	Payment Amount:		701194.04		

Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000500
10/27/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	10/27/2026		637826.54	10-5110-912-000-00-002-000-090-0000	2014 QZAB Principal Pmt
	10/27/2026		63367.50	10-5110-832-000-00-002-000-090-0000	2014 QZAB Interest Pmt
	Payment Amount:		701194.04		

M100000500

10/27/2026

**********701,194.04

PAY Seven Hundred One Thousand One Hundred Ninety-Four and 04/100 Dollars

To the Order of:

M & T Bank
Wilmington Trust NA
Institutional Client Services
One M&T Plaza-7th Floor
BUFFALO NY 14203

NON-NEGOTIABLE

Domestic Wire Transfer Form

Log # _____

Sender Information

Date: 10/27/26 Wire Amount: **$701,194.04**

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**

Available Balance (Before Wire): $12,065,826.30

Originator Signature: [redacted]

Employee Signature: _____

****

Bank Information

[redacted]

Bank Name: **M&T Bank** City: **Buffalo** State: **NY**

****

Receiver Information or Intermediate Bank Information

Beneficiary/Intermediate Bank Name: **Wilmington Trust, NA**

[redacted]

STREET Address (No PO Box): **One M&T Plaza- 7th Floor**

City: **Buffalo** State: **NY** Zip Code: **14203**

****

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

Beneficiary Name: **Lehighton Area School District**

[redacted]

STREET Address (No PO Box): **1000 Union St**

City: **Lehighton** State: **PA** Zip Code: **18235**

****

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

QZAB 2014 Lease #143890

Wilmington Trust

Wilmington Trust
Corporate Trust
One Fountain Plaza, 10th Floor
Buffalo, NY 14203

Date: 10/19/2026

Administrator: WOJCIECHOWICZ MICHELLE
Phone: (716)842-5706
Trust Acct No: [redacted]
Name: LEHIGHTON ASD 14

WILMINGTON DE

Please see below Debt Service Invoice for your upcoming Payment.

Debt Service Due:	**11/01/2026**
Registered interest due:	**63,367.50**
Registered principal due:	**637,826.54**
Total	**701,194.04**

Please return a copy of this notice with your remittance. If you have any questions, please contact your Relationship Manager.
Please note that funds must be received by 10:00 am on payment date for timely payment to Bondholders on payment date.

Please select a payment method below that is most convenient for you.

Payment by Wire:
M&T Bank
[redacted]
Account: Your Trust Account Number listed above.

Payment by ACH:
M&T Bank
[redacted]
FFC: Your Trust Account Number listed above.

Payment by Check:
Please refer to the address in the top right corner of this invoice.

Please Charge M&T Account:
Please complete the information and return this letter to the address in the top right corner of this invoice.

Checking (_____) Savings (_____)

Account# _____

Trust Account No. (Listed above): _____ Charge Date: _____

Mauch Chunk Trust Company

1111 North St
Jim Thorpe PA 18229
(570) 325-2266

Your wire request for $701,194.04 will be debited from account ending [redacted]
In addition, a $0.00 wire fee has been assessed.

*** WIRE DETAILS ***

Wire Sequence
[redacted]

UETR
[redacted]

Local Instrument Code
CTRC - Core Customer Transfer

[redacted]

Purpose of Wire
QZAB 2014 LEASE

Charge Bearer
SHAR

Originator Information

Originating FI
Mauch Chunk Trust Co
[redacted]
Jim Thorpe, PA 18229 United States

Originator
LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
1000 UNION STREET
LEHIGHTON, PA 18235 United States

Entered Date
10/27/2026 02:20 PM Eastern Time

Effective Date
10/27/2026

Receiving Financial Institution
[redacted]

Beneficiary Information

Beneficiary
LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
LEHIGHTON PA, 18235
United States

Beneficiary Reference
NOTPROVIDED

Beneficiary FI
WIL TRUST
[redacted]
ONE M AND T PLAZA, 15TH FL
BUFFALO, NY 14203 United States

SIGNATURE CALLBACK 10/27/2026 PC 1:40 pm
DATE 10/27/2026

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of Mauch Chunk Trust Co. is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Vendor: PITNEY 01-Pitney Bowes Inc
Reserve Account PO Box 223648 PITTSBURGH PA 15250-2648

Pymt # M100000501
10/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	10/28/2026		263.88	10-2380-530-000-30-800-000-000-0000	Postage Machine Refill
	10/28/2026		212.08	10-2360-530-000-00-000-000-070-0000	Postage Machine Refill
	10/28/2026		355.07	10-2260-530-000-00-000-000-060-0000	Postage Machine Refill
	10/28/2026		19.28	10-0132-000-000-00-000-000-000-0000	Postage Machine Refill
	10/28/2026		155.52	10-2380-530-000-20-500-000-050-0000	Postage Machine Refill
	10/28/2026		695.13	10-2513-530-000-00-000-000-025-0000	Postage Machine Refill
	10/28/2026		212.59	10-2380-530-000-10-200-000-020-0000	Postage Machine Refill
	10/28/2026		86.45	10-1241-530-000-00-000-000-012-0000	Postage Machine Refill
	Payment Amount:		2000.00		

Vendor: PITNEY 01-Pitney Bowes Inc
Reserve Account PO Box 223648 PITTSBURGH PA 15250-2648

Pymt # M100000501
10/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	10/28/2026		263.88	10-2380-530-000-30-800-000-000-0000	Postage Machine Refill
	10/28/2026		212.08	10-2360-530-000-00-000-000-070-0000	Postage Machine Refill
	10/28/2026		355.07	10-2260-530-000-00-000-000-060-0000	Postage Machine Refill
	10/28/2026		19.28	10-0132-000-000-00-000-000-000-0000	Postage Machine Refill
	10/28/2026		155.52	10-2380-530-000-20-500-000-050-0000	Postage Machine Refill
	10/28/2026		695.13	10-2513-530-000-00-000-000-025-0000	Postage Machine Refill
	10/28/2026		212.59	10-2380-530-000-10-200-000-020-0000	Postage Machine Refill
	10/28/2026		86.45	10-1241-530-000-00-000-000-012-0000	Postage Machine Refill
	Payment Amount:		2000.00		

M100000501

10/28/2026

**********2,000.00

PAY Two Thousand and 00/100 Dollars

To the Order of:

Pitney Bowes Inc
Reserve Account
PO Box 223648
PITTSBURGH PA 15250-2648

NON-NEGOTIABLE

Account	Bill Type	Activity Type	Meter Serial	Postage Added to Meter	Postage Balance on Meter	Amount	Reference	Date
[redacted]	Prepaid	External Deposit	–	–	–	2000	PITNEY BOWES - SCHED PAY [redacted]	Oct 27, 2026

[redacted]

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

Pymt # M100000502
11/04/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	20173.66		
		SEE PAYMENT DETAIL LISTING			

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

Pymt # M100000502
11/04/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	20173.66		
		SEE PAYMENT DETAIL LISTING			

M100000502

11/04/2026

**********20,173.66

PAY Twenty Thousand One Hundred Seventy-Three and 66/100 Dollars

To the Order of:

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

NON-NEGOTIABLE

Payment Detail Listing

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

Payment Number: M100000502
Payment Date: 11/04/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/04/2026		30.26	10-2140-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		36.31	10-1225-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		38.33	10-2140-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		42.36	10-2240-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-2620-282-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-2250-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-2160-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-2120-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-1110-282-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		46.40	10-1110-282-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		62.54	10-2839-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		82.71	10-2140-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2611-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2514-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2440-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2440-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2440-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2250-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2190-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2170-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2160-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2160-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2125-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-2125-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-1241-282-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		104.90	10-1211-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		149.29	10-2269-272-000-00-000-000-012-0000	Dental Claims October
	11/04/2026		149.29	10-2120-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		149.29	10-2120-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		157.35	10-3250-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		173.49	10-1225-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		209.81	10-2360-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		209.81	10-2250-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		209.81	10-2120-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		209.81	10-1801-272-217-10-200-000-000-0000	Dental Claims October
	11/04/2026		209.81	10-1211-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		250.15	10-2513-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		250.15	10-2260-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		254.19	10-1231-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		254.19	10-0132-000-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		276.38	10-2818-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		308.59	10-2620-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		314.71	10-2620-272-000-00-000-000-000-0000	Dental Claims October
	11/04/2026		314.71	10-2380-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		314.71	10-1231-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		344.97	10-2620-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		359.09	10-2380-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		359.09	10-1231-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		365.14	10-2380-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		403.47	10-1211-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		405.49	10-2620-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		508.38	10-1241-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		673.80	10-1241-272-000-10-200-000-000-0000	Dental Claims October
	11/04/2026		776.69	10-1241-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		2422.86	10-1110-272-000-20-500-000-000-0000	Dental Claims October
	11/04/2026		2604.42	10-1110-272-000-30-800-000-000-0000	Dental Claims October
	11/04/2026		4553.21	10-1110-272-000-10-200-000-000-0000	Dental Claims October
	Payment Amount:		20173.66		

United Concordia dental™

1000 UNION STREET

LEHIGHTON, PA 18235-

Invoice: 000388508
Due Date: 11/03/2026
Previous Bill Date/Current Bill Date: 09/30/2026 - 10/30/2026

Claims Invoice

Date	Invoice Number	Client Name	Client Number	Total Due
10/30/2026	000388508	LEHIGHTON AREA SCHOOL DISTRICT	[redacted]	$20,173.66

Invoice Total Amount Due: $20,173.66

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

Pymt # M100000503
11/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3164.36		
		SEE PAYMENT DETAIL LISTING			

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

Pymt # M100000503
11/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3164.36		
		SEE PAYMENT DETAIL LISTING			

M100000503

11/06/2026

**********3,164.36

PAY Three Thousand One Hundred Sixty-Four and 36/100 Dollars

To the Order of:

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

NON-NEGOTIABLE

Payment Detail Listing

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

Payment Number: M100000503
Payment Date: 11/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/06/2026		0.27	10-2620-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		0.32	10-0132-000-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		0.55	10-2620-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		0.55	10-2620-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		0.55	10-2620-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		4.38	10-2818-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		4.93	10-1225-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		6.02	10-2140-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		6.85	10-2839-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		7.39	10-2140-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		7.94	10-2240-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		9.31	10-1225-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		10.68	10-2160-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		11.23	10-2160-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		11.23	10-1231-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		11.78	10-2440-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		12.05	10-1801-213-217-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		12.60	10-2440-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		12.87	10-2160-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		14.24	10-1211-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		15.61	10-2611-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		16.16	10-3250-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		16.16	10-2140-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		16.98	10-2250-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		17.25	10-2250-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		17.53	10-2260-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		17.80	10-2250-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		20.26	10-2513-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		22.73	10-2120-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		23.00	10-2120-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		23.82	10-2269-213-000-00-000-000-012-0000	Life Ins. Oct
	11/06/2026		26.56	10-1211-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		27.38	10-1225-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		29.03	10-1211-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		29.30	10-1231-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		32.04	10-2120-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		33.68	10-1241-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		35.05	10-1231-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		37.52	10-2380-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		41.62	10-2380-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		51.21	10-1241-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		54.22	10-2360-213-000-00-000-000-000-0000	Life Ins. Oct
	11/06/2026		57.51	10-1241-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		69.01	10-2380-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		430.48	10-1110-213-000-20-500-000-000-0000	Life Ins. Oct
	11/06/2026		564.38	10-1110-213-000-30-800-000-000-0000	Life Ins. Oct
	11/06/2026		866.37	10-1110-213-000-10-200-000-000-0000	Life Ins. Oct
	11/06/2026		20.04	10-2611-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		21.11	10-3250-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		10.31	10-2260-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		10.31	10-2240-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		5.15	10-2818-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		8.79	10-2839-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		5.86	10-2513-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		20.35	10-2513-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		23.73	10-2380-214-000-30-800-000-000-0000	LTD & STD - Oct
	11/06/2026		30.10	10-2380-214-000-30-800-000-000-0000	LTD & STD - Oct
	11/06/2026		22.54	10-2380-214-000-20-500-000-000-0000	LTD & STD - Oct
	11/06/2026		25.77	10-2380-214-000-20-500-000-000-0000	LTD & STD - Oct
	11/06/2026		27.04	10-2380-214-000-10-200-000-000-0000	LTD & STD - Oct
	11/06/2026		31.83	10-2380-214-000-10-200-000-000-0000	LTD & STD - Oct
	11/06/2026		30.10	10-2380-214-000-10-200-000-000-0000	LTD & STD - Oct

Payment Detail Listing

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/06/2026		14.52	10-2360-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		37.11	10-2360-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		12.25	10-2260-214-000-00-000-000-000-0000	LTD & STD - Oct
	11/06/2026		9.57	10-2140-214-000-30-800-000-000-0000	LTD & STD - Oct
	11/06/2026		7.66	10-2140-214-000-20-500-000-000-0000	LTD & STD - Oct
	11/06/2026		21.05	10-2140-214-000-10-200-000-000-0000	LTD & STD - Oct
	11/06/2026		30.77	10-2269-214-000-00-000-000-012-0000	LTD & STD - Oct
	Payment Amount:		3164.36		

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

Current Balance: $3,164.36
Currently paid to: 10/01/2026

Pay Now

Next Bill Generation Date: 12/02/2026

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

View My Bill: 10/01/2026 - 10/31/2026 (# 002193796341) - Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002193796341

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01 All Eligible Administrators	Life	265	$27,384,000.00	0.08/1000	$2,190.72
	AD&D	265	$27,384,000.00	0.02/1000	$547.68
	LTD	18	$137,742.86	0.14/100	$192.84
	STD	18	$21,192.73	0.11/10	$233.12

Total Due on 10/01/2026: $3,164.36

[redacted]

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

Current Balance: $3,164.36
Currently paid to: 10/01/2026

Next Bill Generation Date: 12/02/2026

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
$3,164.36	[redacted]	[redacted]	11/04/2026 2:35 PM

[redacted]

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

Pymt # M100000504
11/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/06/2026		2372.28	10-0462-213-000-00-000-000-000-0000	EE Vol. Life Oct
	11/06/2026		1860.34	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD Oct
		Payment Amount:	4232.62		

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

Pymt # M100000504
11/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/06/2026		2372.28	10-0462-213-000-00-000-000-000-0000	EE Vol. Life Oct
	11/06/2026		1860.34	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD Oct
		Payment Amount:	4232.62		

M100000504

11/06/2026

**********4,232.62

PAY Four Thousand Two Hundred Thirty-Two and 62/100 Dollars

To the Order of:

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

NON-NEGOTIABLE

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

Current Bill Group: [redacted]

Current Balance: $4,232.62
Currently paid to: 10/01/2026

Pay Now

Next Bill Generation Date: 12/02/2026

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

View My Bill: 10/01/2026 - 10/31/2026 (# 002193796340) - Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002193796340

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01 All Eligible Administrators	AD&D Vol Employee	112	$10,000,000.00	0.02/1000	$200.00
	Life Vol Spouse	56	$1,295,000.00	Age Banded	$147.44
	Life Vol Employee	112	$10,000,000.00	Age Banded	$1,924.46
	AD&D Vol Spouse	56	$1,295,000.00	0.02/1000	$25.90
	Life Vol Dep	63	$532,000.00	0.1/1000	$53.20
	AD&D Vol Dep	63	$532,000.00	0.04/1000	$21.28
	LTD Vol	112	$457,307.58	Age Banded	$1,860.34

Total Due on 10/01/2026: $4,232.62

[redacted]

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

Current Balance: $4,232.62
Currently paid to: 10/01/2026

Next Bill Generation Date: 12/02/2026

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
$4,232.62	[redacted]	[redacted]	11/04/2026 2:38 PM

[redacted]

Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000505
11/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/10/2026		260000.00	10-5110-912-000-00-083-000-090-0000	2015 GOB Principal Pmt
	11/10/2026		85196.88	10-5110-832-000-00-083-000-090-0000	2015 GOB Interest Pmt
	Payment Amount:		**345196.88**		

Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000505
11/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/10/2026		260000.00	10-5110-912-000-00-083-000-090-0000	2015 GOB Principal Pmt
	11/10/2026		85196.88	10-5110-832-000-00-083-000-090-0000	2015 GOB Interest Pmt
	Payment Amount:		**345196.88**		

M100000505

11/10/2026

**********345,196.88

PAY Three Hundred Forty-Five Thousand One Hundred Ninety-Six and 88/100 Dollars

To the Order of:

M & T Bank
Wilmington Trust NA
Institutional Client Services
One M&T Plaza-7th Floor
BUFFALO NY 14203

NON-NEGOTIABLE

Domestic Wire Transfer Form

Log # _____

Sender Information

Date: 11/10/26 Wire Amount: $345,196.88

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

Available Balance (Before Wire): $10,254,887.41

Originator Signature: [redacted]

Employee Signature: _____

****

Bank Information

Routing Number (Must be 9 digits): [redacted]

Bank Name: M&T Bank City: Buffalo State: NY

****

Receiver Information or Intermediate Bank Information

Beneficiary/Intermediate Bank Name: Wilmington Trust, NA

Account # [redacted]

STREET Address (No PO Box): One M&T Plaza- 7th Floor

City: Buffalo State: NY Zip Code: 14203

****

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

Beneficiary Name: Lehighton Area School District

Account [redacted]

STREET Address (No PO Box): 1000 Union St

City: Lehighton State: PA Zip Code: 18235

****

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

GOB 2015 Lease # 153790

Wilmington Trust

Wilmington Trust
Corporate Trust
One Fountain Plaza, 10th Floor
Buffalo, NY 14203

Date: 10/19/2026

Administrator: CAMPISE MARK
Phone: (716)842-2325
Trust Acct No: [redacted]
Name: LEHIGHTON ASD 15

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON PA 18235

Please see below Debt Service Invoice for your upcoming Payment.

Debt Service Due: **11/15/2026**

Registered interest due:	**85,196.88**
Registered principal due:	**260,000.00**
Total	**345,196.88**

Please return a copy of this notice with your remittance. If you have any questions, please contact your Relationship Manager.
Please note that funds must be received by 10:00 am on payment date for timely payment to Bondholders on payment date.

Please select a payment method below that is most convenient for you.

Payment by Wire:
M&T Bank
[redacted]
Account: Your Trust Account Number listed above.

Payment by ACH:
M&T Bank
[redacted]
FFC: Your Trust Account Number listed above.

Payment by Check:
Please refer to the address in the top right corner of this Invoice.

Please Charge M&T Account:
Please complete the information and return this letter to the address in the top right corner of this Invoice.

Checking (_____) Savings (_____)

Account# _____

Trust Account No. (Listed above): _____ Charge Date: _____

Mauch Chunk Trust Company

1111 North St
Jim Thorpe PA 18229
(570) 325-2265

Your wire request for $345,196.88 will be debited from account ending i[redacted]
In addition, a $0.00 wire fee has been assessed.

***** WIRE DETAILS *****

Wire Sequence
[redacted]

[redacted]

Local Instrument Code
CTRC - Core Customer Transfer

[redacted]

Purpose of Wire
LEASE

Charge Bearer
SHAR

Originator Information

Originating FI
Mauch Chunk Trust Co
[redacted]
Jim Thorpe, PA 18229 United States

Originator
LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
1000 UNION STREET
LEHIGHTON, PA 18235 United States

Originator To Beneficiary
GOB 2015 LEASE #153790

Entered Date
11/10/2026 01:52 PM UTC-6.000

Effective Date
11/10/2026

Receiving Financial Institution
[redacted]

Beneficiary Information

Beneficiary
[redacted]
LEHIGHTON PA 18235
United States

Beneficiary Reference
[redacted]

Beneficiary FI
[redacted]
ONE M AND T PLAZA, 15TH FL
BUFFALO, NY 14203 United States

CALL BACK 11/10/2026 MW

SIGNATURE _____
DATE 11/10/2026

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of Mauch Chunk Trust Co. is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000506
11/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/10/2026		565000.00	10-5110-912-000-00-000-000-090-0000	2023 GOB Principal Payment
	11/10/2026		648184.38	10-5110-832-000-00-000-000-090-0000	2023 GOB Interest Payment
	Payment Amount:		**1213184.38**		

Vendor: M & T BAN-M & T Bank
Wilmington Trust NA Institutional Client Services One M&T Pl

Pymt # M100000506
11/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	11/10/2026		565000.00	10-5110-912-000-00-000-000-090-0000	2023 GOB Principal Payment
	11/10/2026		648184.38	10-5110-832-000-00-000-000-090-0000	2023 GOB Interest Payment
	Payment Amount:		**1213184.38**		

M100000506

11/10/2026

**********1,213,184.38

PAY One Million Two Hundred Thirteen Thousand One Hundred Eighty-Four and 38/100 Dollars

To the Order of:

M & T Bank
Wilmington Trust NA
Institutional Client Services
One M&T Plaza-7th Floor
BUFFALO NY 14203

NON-NEGOTIABLE

Domestic Wire Transfer Form

Log # _____

Sender Information

Date: 11/10/26 Wire Amount: **$1,213,184.38**

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

STREET Address (No PO Box): **1000 Union St.**

City: **Lehighton** State: **PA** Zip code: **18235** Telephone: **610-377-4490 ext 7524**

Originator's Acct [redacted] ccount Title: **Lehighton Area School District General Fund**

Available Balance (Before Wire): $ 10,254,887.41

Originator Signature: [redacted]

Employee Signature: _____

****

Bank Information

Routing Number (Must be 9 digits): [redacted]

Bank Name: **M&T bank,** City: **Buffalo** State: **NY**

****

Receiver Information or Intermediate Bank

Beneficiary/Intermediate Bank Name: **Wilmington Trust**

Account # [redacted]

STREET Address (No PO Box): **One M & T Plaza 7th Floor**

City: **Buffalo** State: **NY** Zip Code: **14203**

****

Final Credit (If Intermediate Bank Used above ONLY)

Beneficiary Name: **Lehighton Area School District**

Account [redacted]

STREET Address (No PO Box): **1000 Union Street**

City: **Lehighton** State: **PA** Zip Code: 18235

****

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

GOB 2023

Wilmington Trust

Wilmington Trust
Corporate Trust
One Fountain Plaza, 10th Floor
Buffalo, NY 14203

Date: 10/19/2026

Administrator: CAMPISE MARK
Phone: (716)842-2325
Trust Acct No: [redacted]
Name: LEHIGHTON ASD 23

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON PA 18235

Please see below Debt Service Invoice for your upcoming Payment.

Debt Service Due: **11/15/2026**

Registered interest due:	**648,184.38**
Registered principal due:	**565,000.00**
Total	**1,213,184.38**

Please return a copy of this notice with your remittance. If you have any questions, please contact your Relationship Manager.
Please note that funds must be received by 10:00 am on payment date for timely payment to Bondholders on payment date.

Please select a payment method below that is most convenient for you.

Payment by Wire:
M&T Bank
[redacted]
Account: Your Trust Account Number listed above.

Payment by ACH:
M&T Bank
[redacted]
FFC: Your Trust Account Number listed above.

Payment by Check:
Please refer to the address in the top right corner of this Invoice.

Please Charge M&T Account:
Please complete the information and return this letter to the address in the top right corner of this Invoice.

Checking (_____) Savings (_____)

Account# _____

Trust Account No. (Listed above): _____ Charge Date: _____

Mauch Chunk Trust Company

1111 North St
Jim Thorpe PA 18229
(570) 325-2265

Your wire request for $1,213,184.38 will be debited from account ending in [redacted]
In addition, a $0.00 wire fee has been assessed.

*** WIRE DETAILS ***

Wire Sequence
[redacted]

UETR
[redacted]

Local Instrument Code
CTRC - Core Customer Transfer

[redacted]

Purpose of Wire
GOB

Charge Bearer
SHAR

Originator Information

Originating FI
Mauch Chunk Trust Co.
[redacted]
Jim Thorpe, PA 18229 United States

Originator
LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
1000 UNION STREET
LEHIGHTON, PA 18235 United States

Originator To Beneficiary
GOB 2023

Entered Date
11/10/2026 02:00 PM UTC-6.000

Effective Date
11/10/2026

Receiving Financial Institution
[redacted] WIL TRUST

Beneficiary Information

Beneficiary
LEHIGHTON AREA SCHOOL DISTRICT
[redacted]
1000 UNION ST
LEHIGHTON PA 18235
United States

Beneficiary Reference
GOB 2023

Beneficiary FI
WIL TRUST
[redacted]
ONE M AND T PLAZA, 15TH FL
BUFFALO, NY 14203 United States

SIGNATURE CALL BACK MW 11/10/2026
DATE 11/10/2026

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of Mauch Chunk Trust Co. is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.