## IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA Civil Division

DISTRICT OF COLUMBIA, a municipal corporation, 441 Fourth Street, N.W. Washington, D.C. 20001, Plaintiff,	Civil Action No.:
v.	JURY TRIAL DEMANDED
MORUFU ADENIRAN 28 Daimler Drive Capitol Heights, Maryland 20743,	

### FALSE CLAIMS ACT COMPLAINT AND JURY DEMAND

Defendant.

The District of Columbia (District), by its Office of the Attorney General, brings this action against Defendant Morufu Adeniran pursuant to the District's False Claims Act, D.C. Code § 2-381.02(a) and common law, seeking treble damages and civil penalties. The District alleges as follows:

#### Jurisdiction

- 1. This Court has subject matter jurisdiction of this case pursuant to D.C. Code § 11-921, as this action is brought by the District, and D.C. Code § 2-381.02, as the District asserts claims arising under the False Claims Act.
- 2. This Court has personal jurisdiction over Defendant pursuant to D.C. Code §§ 13-423(a)(1) and (3).

#### The Parties

- 2. The District, a municipal corporation empowered to sue and be sued, is the local government for the territory constituting the permanent seat of the government of the United States. The District is represented by and through its chief legal officer, the Attorney General for the District of Columbia. The Attorney General has general charge and conduct of all legal business of the District and all suits initiated by and against the District and is responsible for upholding the public interest. D.C. Code §§ 1-301.81(a)(1), 2-381.03.
- 3. Defendant Morufu Adeniran is an individual currently residing at 28 Daimler Drive, Capitol Heights, Maryland 20743. At all times relevant to the events in this complaint, Defendant Adeniran was employed as a personal care aide (PCA) by four home health care agencies that were District Medicaid providers.

#### District of Columbia False Claims Act

- 4. The District's False Claims Act provides that:
- (a) Any person who commits any of the following acts shall be liable to the District for three times the amount of damages which the District sustains because of the act of that person. A person who commits any of the following acts shall also be liable to the District for the costs of a civil action brought to recover penalties or damages, and shall not be liable to the District for a civil penalty of not less than \$5,500, and not more than \$11,000, for each false or fraudulent claim for which the person:
- (1) Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;

(2) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim . . . .

#### D.C. Code § 2-381.02 (2013).

- 5. The District's False Claims Act defines "[k]nowing" or "knowingly" to mean:
  - (A) That a person, with respect to information, does any of the following:
    - (i) Has actual knowledge of the information;
  - (ii) Acts in deliberate ignorance of the truth or falsity of the information; or
  - (iii) Acts in reckless disregard of the truth or falsity of the information.
  - (B) The terms "knowing" and "knowingly" do not require proof of specific intent to defraud.

### D.C. Code § 2-381.01(7).

6. The District's False Claims Act defines "material" to mean "having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property." D.C. Code § 2-381.01(8).

#### The District's Medicaid Program

7. The District's Medicaid program is a health care benefits program that provides low income District residents with medical benefits and services, and is jointly funded by the federal government and the District. The District's Department of Health Care Finance (DHCF) administers the District's Medicaid program with guidance from the Centers

for Medicare and Medicaid Services, an agency within the United States

Department of Health and Human Services.

- 8. The District's Medicaid program provides reimbursement for personal care aide services (PCA services) provided by individuals to Medicaid beneficiaries in their homes. PCA services are non-medical, health-related services provided to assist individuals with disabilities, individuals with chronic or temporary conditions, and the elderly, in order to enable them to remain in a home setting and avoid long-term inpatient stays in hospitals and nursing homes.
- 9. In the District, PCAs typically work for home health care agencies that are enrolled in the District's Medicaid program and bill the Medicaid program for services on the PCAs' behalf.
- 10. All District Medicaid providers, including PCA service providers, must retain fiscal and medical records that fully document services billed to the Medicaid program for five years from the date of service.
- 11. The District's Medicaid program requires providers of PCA services to retain timesheets that contain the name of the PCA, the name of the Medicaid beneficiary, the dates of service, the amount of time spent with the Medicaid beneficiary, the services performed by the PCA on each date, and the Medicaid beneficiary's signature agreeing that the services were performed. Home health care agencies and DHCF use the number of hours spent providing PCA services to a Medicaid beneficiary to calculate the

amount of reimbursement to the home health care agency. In turn, the home health care agency uses the timesheets to determine a PCA's reimbursement. The accuracy of the timesheets is material to the District's Medicaid program's decision to pay PCA services claims.

#### Defendant Adeniran's False Claims and Statements

12. From January 1, 2014 through November 8, 2015, Defendant Adeniran caused false claims to be submitted to the District's Medicaid program for PCA services he did not provide. Defendant Adeniran signed and submitted multiple timesheets that claimed he worked overlapping hours for multiple Medicaid beneficiaries on the same day. Some of Defendant Adeniran's timesheets falsely state that he allegedly worked as many as 32 hours in a given day, simultaneously providing services to three different beneficiaries associated with three different home health care agencies. Other timesheets show that he purported to have rendered services to a Medicaid beneficiary in the District during times he was traveling internationally.

#### Defendant Adeniran's False Claims for Three Beneficiaries

13. From March 28, 2015, through July 26, 2015, Defendant Adeniran submitted timesheets indicating that he provided PCA services to multiple beneficiaries, totaling 31 or 32 hours each day on twenty-four separate days. (See Table 1 attached as Exhibit A.)

- 14. Defendant Adeniran purported to work 31 hours on 12 days during this time period: March 28 and 29; April 11, 12, 18, 19, 25 and 26; May 2, 3, 9 and 10.
- 15. On each of these dates, Defendant Adeniran caused the District's Medicaid program to be billed for 31 hours of PCA services for three beneficiaries associated with three different agencies. On each day, Defendant Adeniran submitted timesheets alleging to have provided eight hours of PCA services to beneficiaries J.A., C.M. and H.S. during the same hours. On each timesheet, Defendant Adeniran stated that he worked from: (1) 7:00a.m. to 10:00p.m. for beneficiary, J.A., a client of Berhan Home Healthcare Agency (Berhan); (2) 9:00a.m. to 5p.m. for beneficiary, C.M., a client of Family and Healthcare Solutions, Inc. (F&H); and (3) 7:00a.m. to 3:00p.m. for beneficiary, H.S., a client of Immaculate Services, Inc. (Immaculate).
- 16. Defendant Adeniran purported to work 32 hours on 12 days during this time period: June 20, 21, 27 and 28; and July 4, 5, 11, 12, 18, 19, 25 and 26.
- 17. On each of these dates, Adeniran caused the District's Medicaid program to be billed for 32 hours of PCA services for three beneficiaries associated with three different agencies. On each day, Defendant Adeniran submitted timesheets alleging he provided eight hours of PCA services to beneficiaries J.A., C.M. and H.S. during the same hours. On each timesheet,

Defendant Adeniran stated that he worked from: (1) 7:00a.m. to 11:00p.m. for beneficiary, J.A., a client of Berhan; (2) 9:00a.m. to 5p.m. for beneficiary, C.M., a client of F&H; and (3) 7:00a.m. to 3:00p.m. for beneficiary, H.S., a client of Immaculate.

- 18. Berhan submitted claims to DHCF for PCA services allegedly provided to beneficiary J.A. by Defendant Adeniran from March 28, through July 26, 2015. Berhan used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Berhan a total of \$7,023.36 for services to the beneficiaries.
- 19. F&H submitted claims to DHCF for PCA services allegedly provided to beneficiary C.M. by Defendant Adeniran from March 28, through July 26, 2015. F&H used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid F&H a total of \$3,624.96 for services to the beneficiaries.
- 20. Immaculate submitted claims to DHCF for PCA services allegedly provided to beneficiary H.S. by Defendant Adeniran from March 28, through July 26, 2015. Immaculate used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Immaculate a total of \$3,624.96 for services to the beneficiaries.
- 21. The total amount of PCA services billed to the District's Medicaid program based upon the timesheets submitted by Defendant Adeniran for these 24 days was \$14,273.28.

#### Defendant Adeniran's False Claims for Two Beneficiaries

- 22. From January 3, 2015, through November 8, 2015, Defendant Adeniran submitted timesheets indicating that he provided PCA services to multiple beneficiaries, between 16 to 24 hours per day, on 64 separate days. (See Table 2 attached as Exhibit B.)
- 23. Defendant Adeniran purported to work 16 hours on 24 days during the time period January 3, 2015, through March 22, 2015, specifically: January 3, 4, 10, 11, 17, 18, 24, 25 and 31; February 1, 7, 8, 14, 15, 21, 22 and 28; and March 1, 7, 8, 14, 15, 21 and 22.
- 24. On each of these dates, Defendant Adeniran caused the District's Medicaid program to be billed for 16 hours of PCA services for two beneficiaries associated with different home health care agencies. From January 3, 2015, through March 22, 2015, Defendant Adeniran alleged to have provided eight hours of PCA services to beneficiaries C.M. and H.S. during overlapping hours. On each timesheet, Defendant Adeniran stated that he worked from: (1) 9:00a.m. to 5:00p.m. for beneficiary, C.M., a client of F&M, and (2) 7:00a.m. to 3:00p.m. for beneficiary, H.S., a client of Immaculate.
- 25. Defendant Adeniran purported to work 23 hours on four days on April 4 and 5, 2015, and May 16 and 17, 2015. On each of these dates, Defendant Adeniran caused the District's Medicaid program to be billed for 23 hours of PCA services for two beneficiaries associated with different home

health care agencies. On each timesheet, Defendant Adeniran stated that he worked from: (1) 7:00a.m. to 10:00 p.m. for beneficiary, J.A., a client of Berhan, and (2) 7:00a.m. to 3:00p.m. for beneficiary, H.S., a client of Immaculate.

- 26. Defendant Adeniran purported to work 24 hours on 36 days during the time period May 23, 2015, through November 8, 2015, specifically: May 23, 24, 30 and 31; June 6, 7, 13, 14; August 1, 2, 8, 9, 15, 16, 22, 23, 29 and 30; September 5, 12, 13, 19, 20, 26 and 27; October 3, 4, 11, 17, 18, 24, 25 and 31; and November 1, 7 and 8.
- 27. On each of these dates, Defendant Adeniran caused the District's Medicaid program to be billed for 24 hours of PCA services for two beneficiaries associated with different home health care agencies. From May 23, 2015, through November 8, 2015, Defendant Adeniran alleged to have provided 16 hours of PCA services to beneficiary J.A., and eight hours of PCA services to beneficiary H.S. during overlapping hours. On each timesheet, Defendant Adeniran stated that he worked from: (1) 7:00a.m. to 11:00p.m. for beneficiary, J.A., a client of Berhan, and (2) 7:00a.m. to 3:00p.m. for beneficiary, H.S., a client of Immaculate.
- 28. F&H submitted claims to DHCF for PCA services allegedly provided to beneficiary C.M. by Defendant Adeniran from January 3, through March 22, 2015. F&H used Adeniran's timesheets to calculate the amount of

reimbursement from DHCF, and DHCF paid F&H a total of \$3,620.48 for services to the beneficiaries.

- 29. Berhan submitted claims to DHCF for PCA services allegedly provided to beneficiary J.A. by Defendant Adeniran from April 4, through November 8, 2015. Berhan used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Berhan a total of \$12,007.68 for services to the beneficiaries.
- 30. Immaculate submitted claims to DHCF for PCA services allegedly provided to beneficiary H.S. by Defendant Adeniran from January 3, through November 8, 2015. Immaculate used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Immaculate a total of \$9,666.56 for services to the beneficiaries.
- 31. The total amount of PCA services billed to the District's Medicaid program based upon the timesheets submitted by Defendant Adeniran for these 64 days was \$25,294.72.

# Defendant Adeniran's False Claims for One Beneficiary, Billed to Two Different Agencies

32. On April 17, 2014, Defendant Adeniran submitted timesheets for overlapping hours with two separate agencies for the same beneficiary. On April 17, 2014, his timesheet indicates that he worked from 7a.m. to 4p.m. for beneficiary H.S. for Capitol View Home Health Care (Capitol View) and that he worked from 7a.m. to 3p.m. for beneficiary H.S. for Immaculate.

- 33. Capitol View submitted claims to DHCF for PCA services allegedly provided to beneficiary H.S. by Defendant Adeniran on April 17, 2014. Capitol View used Defendant Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Capitol View a total of \$139.20 for services to H.S.
- 34. Immaculate submitted claims to DHCF for PCA services allegedly provided to beneficiary H.S. by Defendant Adeniran on April 17, 2014. Immaculate used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and DHCF paid Immaculate a total of \$65.00 for services to H.S.

#### Defendant Adeniran's False Claims While Out of the Country

- 35. Defendant Adeniran billed Immaculate for PCA services for a Medicaid beneficiary in the District during times he was out of the country.
- 36. Department of Homeland Security records show that Defendant Adeniran traveled to Amsterdam aboard a flight that departed Dulles International Airport on December 30, 2013, and landed in Amsterdam on December 31, 2013. Adeniran boarded another flight in Amsterdam and continued on to Nigeria. He returned to the United States on January 29, 2014.
- 37. Defendant Adeniran claimed to have provided services to H.S., a Medicaid beneficiary and client of Immaculate, while he was out of the country. Defendant Adeniran submitted timesheets to Immaculate alleging

that he provided PCA services every day from January 1, through January 29, 2014. Defendant Adeniran alleged to have worked from 7:00 a.m. to 3:00 p.m. each day, for a total of 928 hours.

38. Immaculate submitted claims to DHCF for PCA services allegedly provided to beneficiary H.S. by Defendant Adeniran from January 1, through January 29, 2014. Immaculate used Adeniran's timesheets to calculate the amount of reimbursement from DHCF, and the total amount of PCA services billed to the District's Medicaid program for these 29 days was \$3,786.24.

# COUNT I False Claims Act – False Claims D.C. Code § 2-381.02(a)(1)

- 39. The allegations of paragraphs 1 through 31 are realleged as if fully set forth herein.
- 40. Defendant Adeniran knowingly presented and caused to be presented false or fraudulent claims to the District's Medicaid program for payment or approval by billing for PCA services that he never rendered.
- 41. As a result of Defendant Adeniran's false claims, the District was damaged in an amount to be determined at trial and therefore is entitled to treble damages under the False Claims Act, plus a civil penalty of \$5,500 to \$11,000 for each false claim.

# COUNT II <u>False Claims Act – False Records and Statements</u> D.C. Code § 2-381.03(a)(2)

- 42. The allegations of paragraphs 1 through 31 are realleged as if fully set forth herein.
- 43. Defendant Adeniran knowingly made, used, and caused to be made or used false records or statements material to false or fraudulent claims to the District's Medicaid program by falsely stating and representing in timesheets that he had provided PCA services to Medicaid beneficiaries when in fact he had not rendered such services.
- 44. As a result of Defendant's use of these false records or statements, the District was damaged in an amount to be determined at trial and therefore is entitled to treble damages under the False Claims Act, plus a civil penalty of \$5,500 to \$11,000 for each false record or statement.

## COUNT III Unjust Enrichment

- 45. The allegations of paragraphs 1 through 31 are realleged as if fully set forth herein.
- 46. By directly or indirectly obtaining government funds from the District's Medicaid program to which he was not entitled, Defendant Adeniran was unjustly enriched to the District's detriment.

### **Prayer for Relief**

Wherefore, the District respectfully requests that the Court enter judgment in its favor and against Defendant Adeniran and award damages and penalties as follows:

- (1) On Counts One and Two against Defendant Adeniran, award the District treble statutory damages in an amount to be determined at trial, but not less than \$130,675.32 (three times \$43,558.44), and civil penalties of not less than \$5,500 and not more than \$11,000, payable to the District, for each violation of the District's False Claims Act;
- (2) On Count Three against Defendant Adeniran, award the District actual damages in an amount to be determined at trial, but not less than \$43,558.44;
- (3) Award the District interest, costs, and other recoverable fees and expenses permitted by law; and
- (3) Award the District such further and additional relief as the Court may deem just and proper.

#### **Jury Demand**

The District of Columbia hereby demands a trial by jury by the maximum number of jurors permitted by law.

Date: September 28, 2018

Respectfully submitted,

KARL A. RACINE Attorney General for the District of Columbia

ROBYN R. BENDER Deputy Attorney General Public Advocacy Division

/s/ Catherine A. Jackson CATHERINE A. JACKSON D.C. Bar No. 1005415 Chief, Public Integrity Section

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Attorneys for the District of Columbia

# **EXHIBIT A**

TABLE 1

Date	Beneficiaries	Daily Timesheet Submitted	Total Hours Submitted Per Day	Amount Billed to Medicaid Program
3/28/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
3/29/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
4/11/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
4/12/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
4/18/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
4/19/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			31	585.28
4/25/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		•	31	585.28
4/26/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		•	31	585.28
5/2/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		•	31	585.28

5/3/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		1	31	585.28
5/9/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		•	31	585.28
5/10/15	J.A.	7a-10p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		•	31	585.28
6/20/15	J.A.	7a-11p		
	C.M.	9a-5p		
	H.S.	7a-3p		
		122.2	32	604.16
6/21/15	J.A.	7a-11p	-	
0 0	C.M.	9a-5p		
	H.S.	7a-3p		
		, st sp	32	604.16
6/27/15	J.A.	7a-11p	<b></b>	001,10
0.21.10	C.M.	9a-5p		
	H.S.	7a-3p		
	11,2,	, a sp	32	604.16
6/28/15	J.A.	7a-11p	<b></b>	001,10
0.20.10	C.M.	9a-5p		
	H.S.	7a-3p		
	11,2,	, a sp	32	604.16
7/4/15	J.A.	7a-11p		001.10
11 11 10	C.M.	9a-5p		
	H.S.	7a-3p		
	11.0.	op	32	604.16
7/5/15	J.A.	7a-11p		001.10
	C.M.	9a-5p		
	H.S.	7a-3p		
	11.0.	, a op	32	604.16
7/11/15	J.A.	7a-11p		331.13
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C.M.	9a-5p		
	H.S.	7a-3p		
	11.0.	ia op	32	604.16
7/12/15	J.A.	7a-11p		331.13
	C.M.	9a-5p		
	H.S.	7a-3p		

			32	604.16
7/18/15	J.A.	7a-11p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			32	604.16
7/19/15	J.A.	7a-11p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			32	604.16
7/25/15	J.A.	7a-11p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			32	604.16
7/26/15	J.A.	7a-11p		
	C.M.	9a-5p		
	H.S.	7a-3p		
			32	604.16
Total				14,273.28

# **EXHIBIT B**

TABLE 2

Date	Beneficiaries	Daily Timesheet Submitted	Total Hours Submitted Per Day	Amount Billed to Medicaid Program
1/3/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	299.84
1/4/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	299.84
1/10/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/11/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/17/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/18/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/24/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/25/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
1/31/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/1/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/7/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/8/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/14/15	C.M.	9a-5p		

	H.S.	7a-3p		
			16	302.08
2/15/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/21/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/22/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
2/28/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/1/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/7/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/8/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/14/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/15/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/21/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
3/22/15	C.M.	9a-5p		
	H.S.	7a-3p		
			16	302.08
4/4/15	J.A.	7a-10p		
	H.S	7a-3p		
			23	434.24
4/5/15	J.A.	7a-10p		
	H.S	7a-3p		
			23	434.24
5/16/15	J.A.	7a-10p		
T	H.S.	7a-3p		

			23	434.24
5/17/15	J.A.	7a-10p		
	H.S.	7a-3p		
			23	434.24
5/23/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
5/24/15	J.A.	7a-11p		
	H.S.	7a-3p		
		_	24	453.12
5/30/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
5/31/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
6/6/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
6/7/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
6/13/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
6/14/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
8/1/15	J.A.,	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
8/2/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
8/8/15	J.A.	7a-11p		
	H.S.	7a-3p		
		1	24	453.12
8/9/15	J.A.	7a-11p		
	H.S.	7a-3p		
		- 1	24	453.12
8/15/15	J.A.	7a-11p		
	H.S.	7a-3p		
	: •		24	453.12

8/16/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
8/22/15	J.A.	7a-11p		
	H.S.	7a-3p		
		1	24	453.12
8/23/15	J.A.	7a-11p		
	H.S.	7a-3p		
		•	24	453.12
8/29/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
8/30/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
9/5/15	J.A.	7a-11p		
	H.S.	7a-3p		
		1	24	453.12
9/12/15	J.A.	7a-11p		
	H.S.	7a-3p		
		P	24	453.12
9/13/15	J.A.	7a-11p		
	H.S.	7a-3p		
		7,5,7,5	24	453.12
9/19/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
9/20/15	J.A.	7a-11p		
0.20.20	H.S.	7a-3p		
	11,2,	, a sp	24	453.12
9/26/15	J.A.	7a-11p		
0.20.10	H.S.	7a-3p		
	11,2,	, a sp	24	453.12
9/27/15	J.A.	7a-11p	<b>-</b> +	100.12
0.21110	H.S.	7a-3p		
	11.0.	, a op	24	453.12
10/3/15	J.A.	7a-11p	<b>-</b> 1	100.12
10/0/10	H.S.	7a-3p		
	11.0.	та ор	24	453.12
10/4/15	J.A.	7a-11p	<b>4</b> T	100.12
10/ 1/10	H.S.	7a-3p		
	11.0.	та ор	24	453.12
10/11/15	J.A.	7a-11p	<b>4</b> T	100.12
10/11/10	0.11.	Tallb		1

	H.S.	7a-3p		
			24	453.12
10/17/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
10/18/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
10/24/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
10/25/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
10/31/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
11/1/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
11/7/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
11/8/15	J.A.	7a-11p		
	H.S.	7a-3p		
			24	453.12
Total				25,294.72