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Liaison Counsel for Appellants

Attorneys for the Special Litigation
Committee of Nominal Defendant
DISH Network Corporation

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EXHIBIT 738

EXHIBIT 738

Name: Douglas Schwartz

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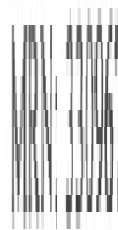
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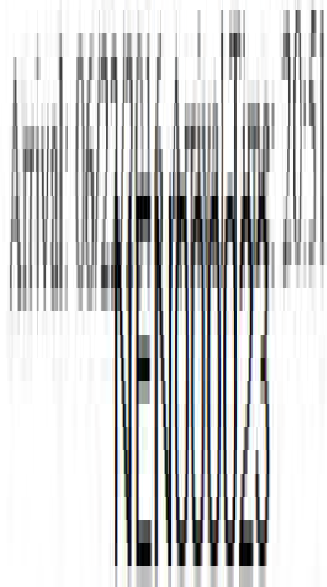
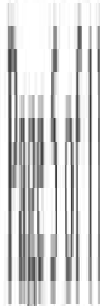
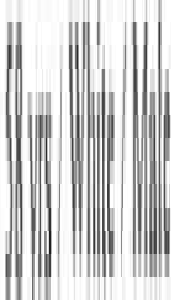
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General Information		Financial Data	
Item	Description	Amount	Unit
1	Item 1 Description	100.00	USD
2	Item 2 Description	200.00	USD
3	Item 3 Description	300.00	USD
4	Item 4 Description	400.00	USD
5	Item 5 Description	500.00	USD
6	Item 6 Description	600.00	USD
7	Item 7 Description	700.00	USD
8	Item 8 Description	800.00	USD
9	Item 9 Description	900.00	USD
10	Item 10 Description	1000.00	USD
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16	Item 16 Description	1600.00	USD
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18	Item 18 Description	1800.00	USD
19	Item 19 Description	1900.00	USD
20	Item 20 Description	2000.00	USD
21	Item 21 Description	2100.00	USD
22	Item 22 Description	2200.00	USD
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28	Item 28 Description	2800.00	USD
29	Item 29 Description	2900.00	USD
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31	Item 31 Description	3100.00	USD
32	Item 32 Description	3200.00	USD
33	Item 33 Description	3300.00	USD
34	Item 34 Description	3400.00	USD
35	Item 35 Description	3500.00	USD
36	Item 36 Description	3600.00	USD
37	Item 37 Description	3700.00	USD
38	Item 38 Description	3800.00	USD
39	Item 39 Description	3900.00	USD
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41	Item 41 Description	4100.00	USD
42	Item 42 Description	4200.00	USD
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69	Item 69 Description	6900.00	USD
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99	Item 99 Description	9900.00	USD
100	Item 100 Description	10000.00	USD

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10/23/2017	Via Signs Modified	Via Annotations Values	Via Annotations
10/23/2017	Via Signs Modified	Via Annotations Values	Via Annotations







03/24/2016	Durbin, Mark Sen	Country Acres EIR	Net-HS
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03/24/2016	Durbin, Mark Sen	Country Acres EIR	Net-HS
		77 - Consultant Resources	
03/24/2016	Durbin, Mark Sen	Country Acres EIR	Net-HS
		77 - Consultant Resources	

EXHIBIT 739

EXHIBIT 739

EXHIBIT 740

EXHIBIT 740

INFORMED CONSENT TO PHOTOGRAPHY

I, _____, do hereby give my informed consent to the taking of photographs, during or after a procedure, for the purpose of documenting my treatment and medical condition and will be kept as a part of your medical record.

ADVANCE DIRECTIVE ACKNOWLEDGEMENT

I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself.

I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself. I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself. I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself.

I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself. I understand that the Advance Directive is a legal document that allows me to state my wishes in advance regarding medical treatment in the event I become unable to make decisions for myself.

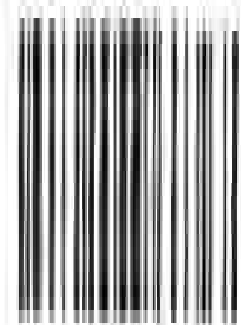
EXHIBIT 741

EXHIBIT 741

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YELLOW - CHARGE COPY

PINK - CLAIM COPY



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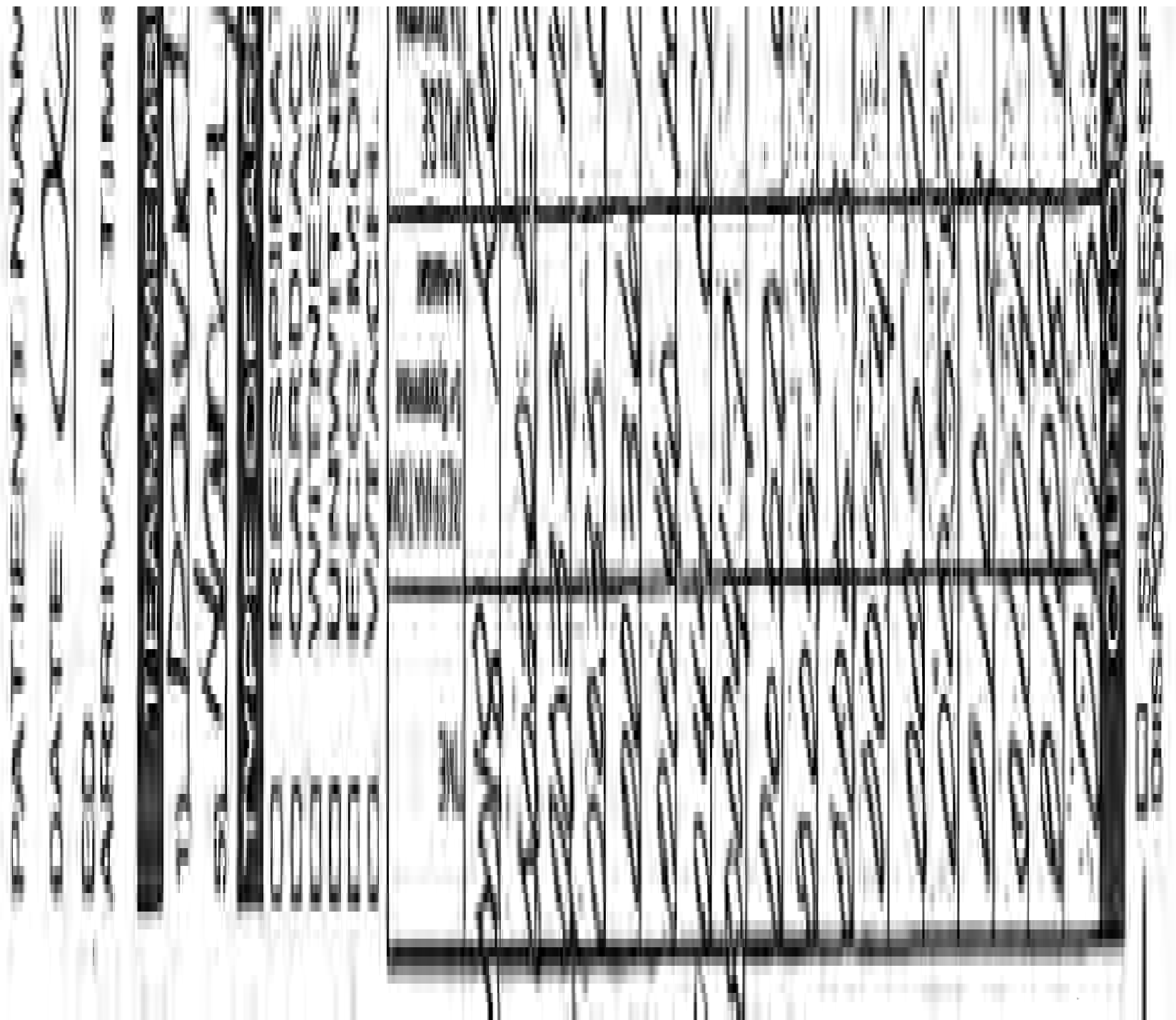
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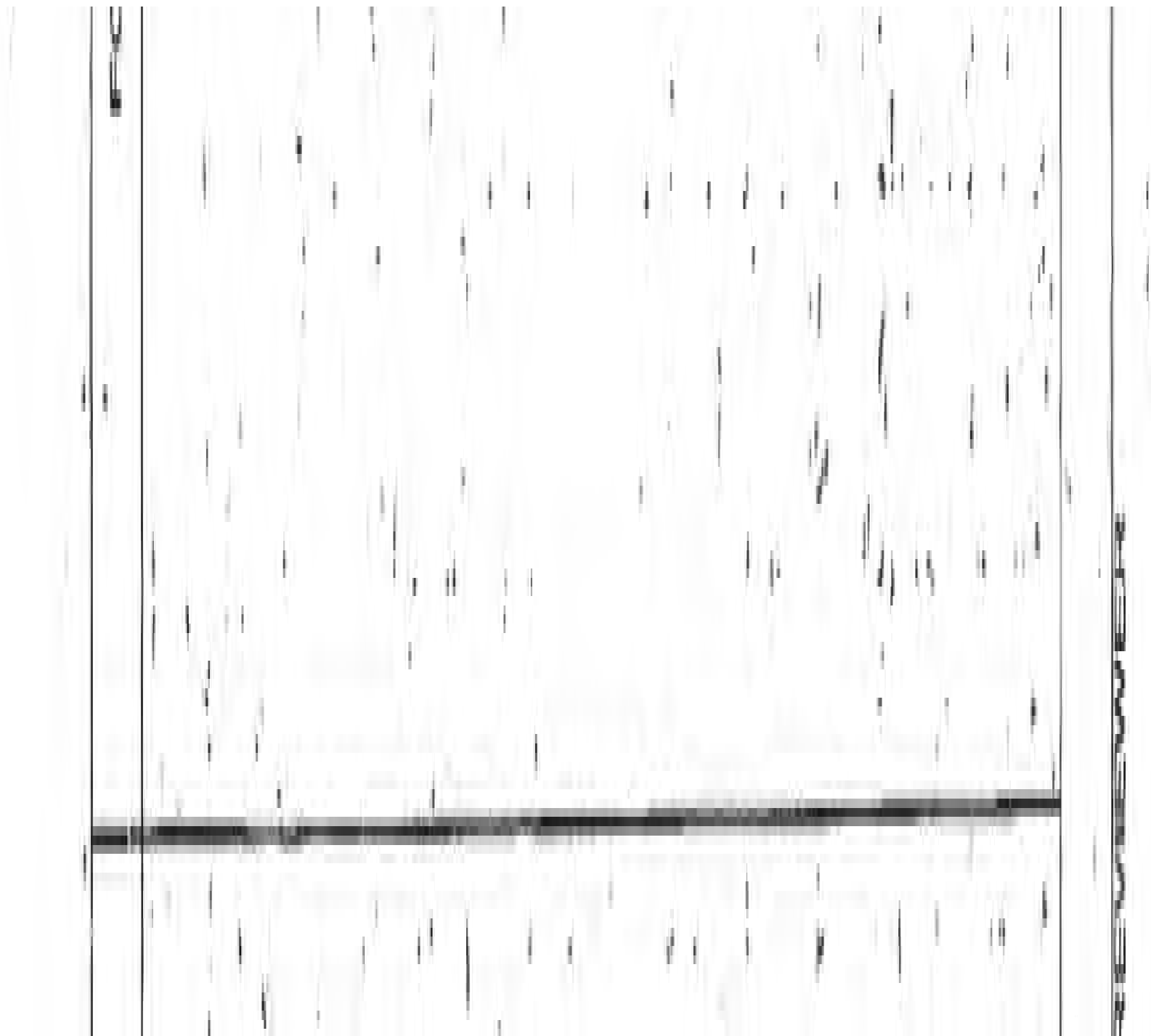
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TO: DIRECTOR, FBI

FROM: SAC, NEW YORK (100-100000)

SUBJECT: JAMES EARL RAY; AKA

RE: NEW YORK TELETYPE TO BUREAU, 1/10/68

RE: NEW YORK TELETYPE TO BUREAU, 1/10/68

RE: NEW YORK TELETYPE TO BUREAU, 1/10/68

RE: NEW YORK TELETYPE TO BUREAU, 1/10/68

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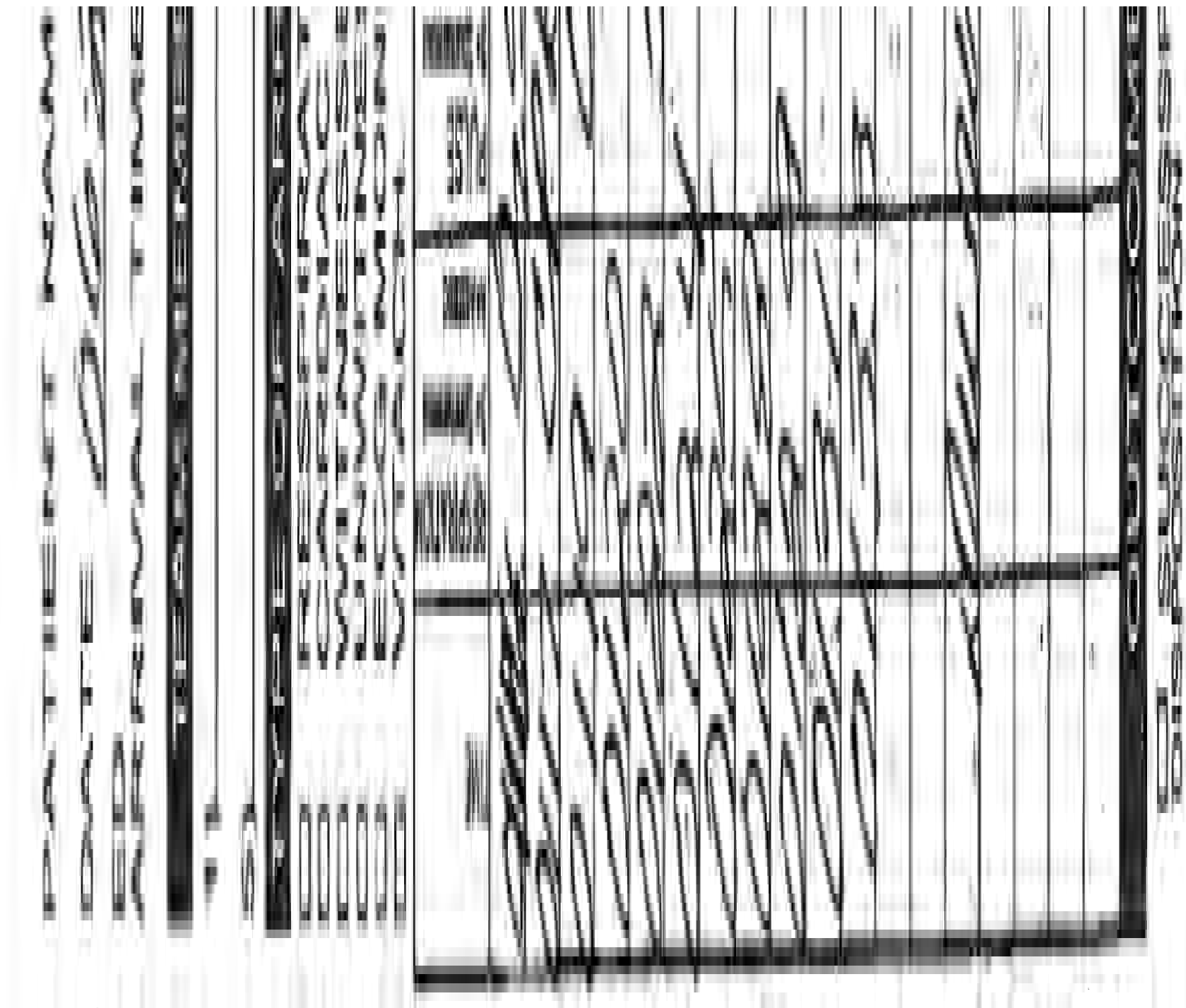
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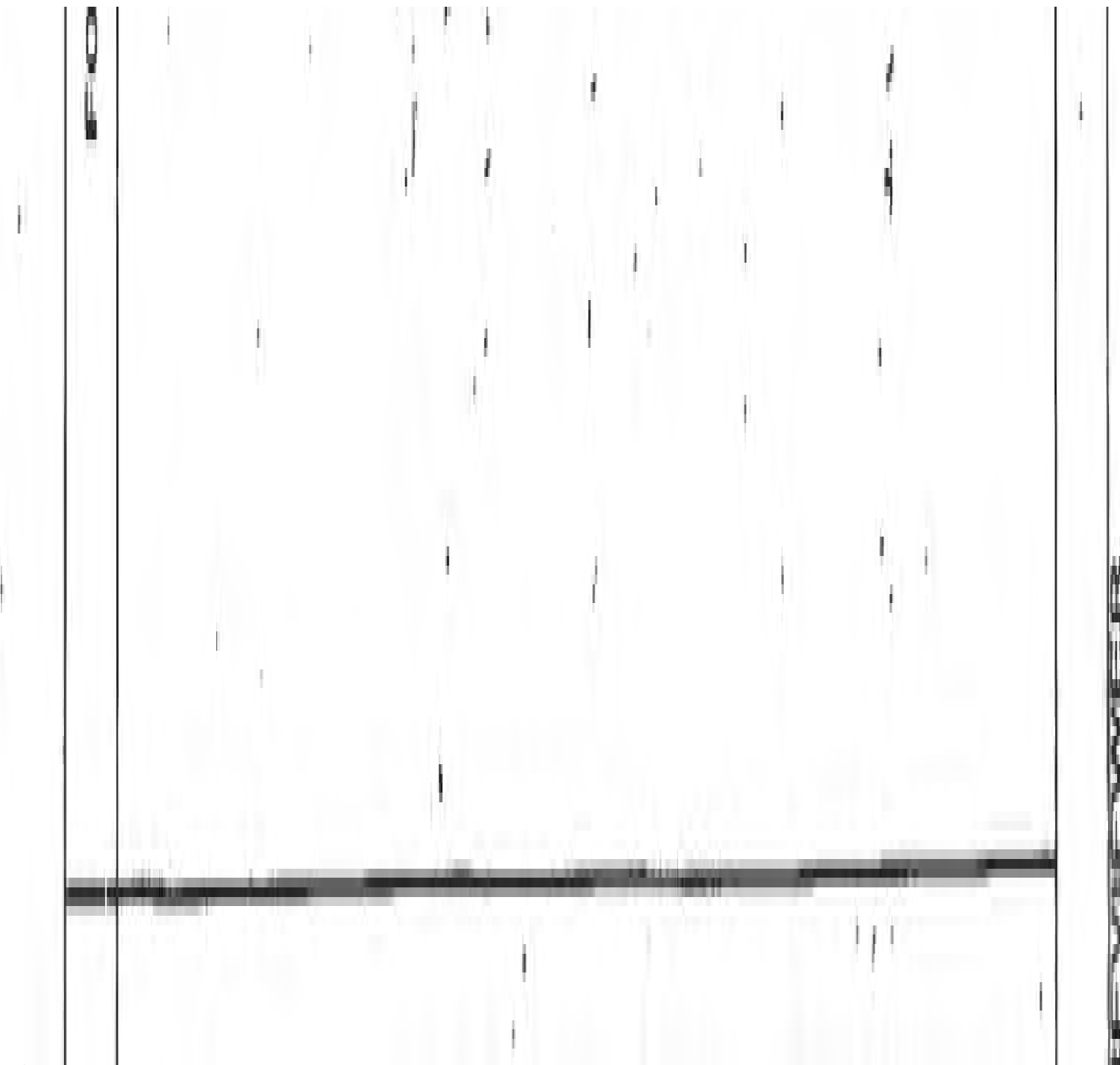
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EXHIBIT 742

EXHIBIT 742

First Set of Documents Requested¹

In order to perform its investigation in accordance with the resolutions of the board of directors of DISH Network Corporation, the Special Litigation Committee requests the documents described herein from DISH Network Corporation:²

Definitions

The following definitions clarify potentially ambiguous terms throughout the requests contained herein:

1. The "Audit Committee" means the Audit Committee of DISH.
2. The "AVC" is the Assurance of Voluntary Compliance entered into between DISH Network, L.L.C. and the Attorneys General of Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.
3. The "Board" means the board of directors of DISH.
4. A "CID" is a civil investigative demand issued by the FTC or any attorney general of any state.
5. "DISH" means DISH Network Corporation.
6. "DNC" means national and state dot call lists and registries.
7. The "FTC" means the Federal Trade Commission.
8. The "Investigation Time Period" means January 1, 2003 through December 31, 2013, inclusive.
9. "Kelley Drye" means Kelley Drye & Warren LLP.
10. "Prior Actions" means the actions captioned *Chakauer v. DISH Network L.L.C.*, No. 1:14-CV 333 (M.D.N.C.) and *United States of America v. DISH Network LLC*, No. 09-3073 (D. Ill.).
11. "SSN" means Satellite Systems Network.
12. The "TCPA" means the Telephone Consumer Protection Act.
13. The "TSR" means the Telemarketing Sales Rule.

¹ The SLC may request additional documents from DISH.

² Certain of these materials have already been provided to counsel for the SLC. Documents previously provided counsel for the SLC do not need to be provided again.

Documents Requested

Board Materials

1. All agendas, materials, books, presentations, handouts and notes for all Board or Audit Committee meetings held during the Investigation Time Period.
2. Each Audit Committee charter in effect at any time during the Investigation Time Period.
3. Each written policy of DISH concerning matters requiring presentation to and/or approval by the Board in effect at any time during the Investigation Time Period.
4. Each written policy of DISH concerning trades in DISH stock by members of the Board in effect at any time during the Investigation Time Period.
5. Emails of the below-listed custodians for the Investigation Time Period:
 - a) Charles W. Ergen
 - b) David K. Moskowitz
 - c) James DeFranco

Legal Materials

1. All post-trial decisions and orders issued in the Prior Actions.
2. The AVC.
3. All trial transcripts from the Prior Actions.
4. Transcripts of all depositions in the Prior Actions.
5. Exhibit lists for each of the Prior Actions.
6. Access to review the documents produced in each of the Prior Actions.
7. DISH's Request to the FTC for guidance on vicarious liability and/or agency.
8. Kelly Drye's 2008 White Paper on vicarious liability.
9. An organizational chart for DISH's legal department, noting (i) the individuals involved in TCPA/TSR/DNC compliance, (ii) each individual's role, (iii) any changes to the department or to the roles of the people involved in telemarketing compliance from 2003 to 2013 and (iv) the reporting structure from the legal department to the Board or Audit Committee between 2003 and 2013.
10. Access to review any handwritten notes of Stanton Dodge Brandon Ehrhart concerning DISH board presentations during the Investigation Time Period.

³ At this time, the SLC is not directing the company to collect materials from personal, non-business related, email accounts for any individual. For each custodian identified in these requests, promptly inform counsel for the SLC of the volume of data in DISH's possession from the noted time period. We will be touch to discuss the best method for providing all potentially relevant documents from each custodian to counsel for the SLC.

⁴ If such a chart is not available, the SLC requests that DISH prepare such a chart.

11. Emails of the below-listed custodians for the noted time periods:

- a) Jeffrey Blum (Investigation Time Period)
- b) Brett Kitei (January 1, 2008 to December 31, 2013)
- c) Stanton Dodge (Investigation Time Period)
- d) Brandon Ehrhart (Investigation Time Period)
- e) Lori Kalani (Investigation Time Period)
- f) Denise Hargen (Investigation Time Period)

Business Materials

1. Any and all written policies of DISH concerning compliance with the TCPA, TSR, DNC, and/or AVC in effect at any time during the Investigation Time Period.
2. The CID issued by the FTC to DISH regarding the TCPA in 2005 and any other CID issued (whether issued by the FTC or attorney general) to DISH concerning the TCPA, TSR and/or DNC during the Investigation Time Period.
3. All materials regarding compliance requirements, methods, and expectations provided by the FTC to DISH concerning the TCPA, TSR and/or DNC during the Investigation Time Period.
4. The Compliance Point 2010 Certification Letter.
5. Each SSN Retailer Agreement in effect at any time during the Investigation Time Period.
6. An organizational chart showing (i) the individuals at DISH responsible for DISH's compliance with telemarketing laws and regulations outside of the legal department and (ii) the reporting structure for those individuals up through the Audit Committee and the Board.⁵
7. Emails of the below-listed custodians for Investigation Time Period:
 - a) Amir Ahmed
 - b) Reji Musso
 - c) Mike Mills
 - d) James DeFranco
 - e) Brian Neylon
 - f) Blake Van Emst
 - g) Bruce Werner
 - h) Russell Bangert
 - i) Joey Montano

⁵ If such a chart is not available, SEC requests that DISH prepare such a chart.

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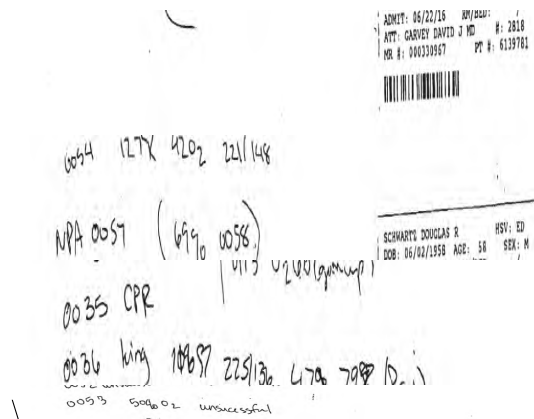
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Retailer Charlie Chat Transcript

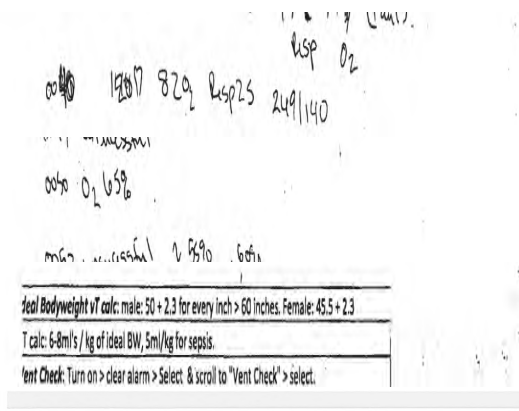
Courtesy of
Dishretailer.com Satellite Retailer Discussion Boards

Tuesday November 23rd, 1999

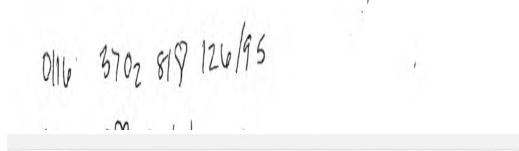
Welcome to another fun filled, action packed Charlie Chat. Stay tuned for the latest news and information from Wahsington with your hosts Jim Defranco and Charlie Ergen



Wake Up Charlie, its time for the Chat. Remember, you snooze you loose!

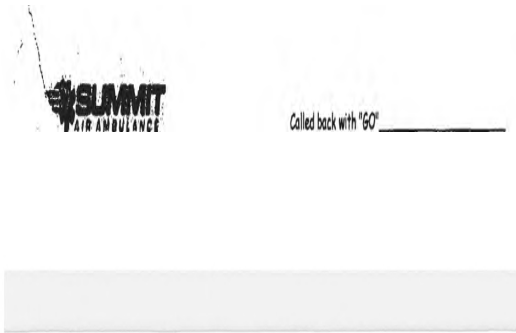


Well here we go, it looks like we are ready to get staterd with this weeks chat. Charlie looks nice and relaxed but it seems that Jim cant wait to get started.



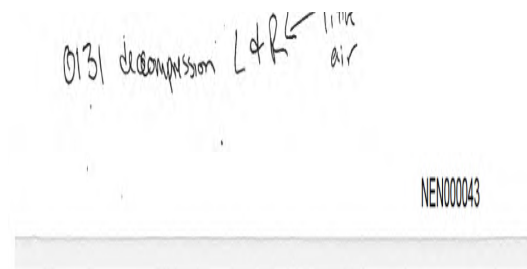
Gee, this chat is different. Usually charlie takes half the show telling everyone to contact their congressmen and senators. He doesnt seem like he is too happy, but atleast he started out by telling all of us how great locals are and how they are going to change the satellite industry. Heres some of the highlights of the new legislation.....

1. 90 Day cable rule now eliminated, so you we will no longer have to lie to the customer service repersentive when we activate network signals.
2. Local Channels will now be available on Showroom Subscriptions, and on commercial accounts/
3. Copyright fees went down on the superstations
4. Must carry will take effect January 1st, 2002
5. 6 month retransmission rule. Dish can offer locals now, without consent, but have 6 months to reach an agreement.
6. No change in the current Grade B standard
7. Grandfather all existing Grade B subs for a period of 5 years
8. Rv owners and truck drivers can now recieve distant network signals as long as the dish is not permintly attatched to a structure. Must show proof to qualify



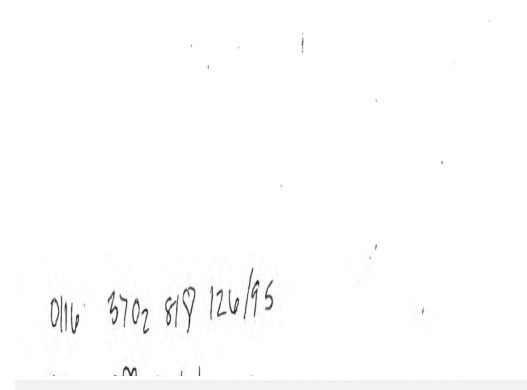
0120 a spldy - no O2 apnatic
 0122 52 no still - none

All 13 cities that Dish currently offers local local in will be a Dish500 solution, except Boston. Please note that New York and La will stay at 119. Yes, Bob Haller you will be seeing Pittsburgh on 110. Im not kidding this time.



0122 52 no still - none
 0124 6102 CPR still apnatic extension
 0115 544 sented no pulse
 441 O2 338

This is a list of the future cities that Dish will be providing local service to. Cities in Gold are already up and cities in white are the ones that are proposed. Hey, I see Detroit is Finally Listed. YEA!



"Nobody does more locals than Dish"

Thats right, if the nice folks from DirecTv are reading, Charlie just said that nobody does more locals than Dish. Ya better watch out.

0093 50402 Unsuccessful

Bed _____ Destination airport _____
 Physician _____ Loaded and leaving dest. airport _____
 Arrived receiving _____

Anyways, Charlie announced that we will have 20 local to local cities by the end of the year and 50 cities by the end of the first quarter which will be approxamatly 70 percent of the country. If you look at this map, I believe charlie said they would be serving all the regions in yellow.

The following slides are an explanation of what the new law means on Distant Network signals

NEN000044

Patient _____ Arrive bedside / handoff _____
 Weight 92 CODE STATUS _____ Depart receiving _____

Physician _____ Arrive airport _____
 Receiving Facility _____ Lift off from airport _____

Pressure Cntl Setup: Mode - SIMV, Breath Type - Pressure, PC = 15, PS = 10, PEEP = 5. Add the C and PEEP together and that should ~ equate to PIP. This is a safe starting point for adults and peds. Adjust fIO2 and/or PC up or down PRN to increase sPO2 or change ETCCO2. To increase sPO2 add more PC. To manipulate ETCCO2 manipulate PC.

Test Check: Turn on > clear alarm > Select & scroll to "Test Check" > select.

This slide means your out of luck,
 Charlie says you better goto Rat Shack and get a good antenna!

ATTN: GARYEY DAVID J RD H: 2518
 NR H: 00033957 PP H: 6139781

Physician _____ Arrive airport _____
 Receiving Facility _____ Lift off from airport _____

Pressure Cntl Setup: Mode - SIMV, Breath Type - Pressure, PC = 15, PS = 10, PEEP = 5. Add the C and PEEP together and that should ~ equate to PIP. This is a safe starting point for adults and peds. Adjust fIO2 and/or PC up or down PRN to increase sPO2 or change ETCCO2. To increase sPO2 add more PC. To manipulate ETCCO2 manipulate PC.

Test Check: Turn on > clear alarm > Select & scroll to "Test Check" > select.

This slide means that your one of those lucky people like Bob Haller who can get locals, Charlie says get a Dish500!

<input type="checkbox"/> AMI / Chest pain	<input type="checkbox"/> Altered level of consciousness	<input type="checkbox"/> Major electrical or chemical burn
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Same vehicle fatality
Specialty Care Required		
PHYSICIAN/QUALIFIED MEDICAL PERSONNEL STATEMENT		
MEDICAL NECESSITY AND REASONABLENESS FOR AIR MEDICAL TRANSPORT		
As the medical professional involved in the air ambulance transport provided by _____		
Please complete this form in its entirety in order to justify why air transportation was required instead of ground transport.		
(This information will be provided to third party as requested)		
Patient Data	Please Complete Each Section	ICD-9
	SCHWARTZ DOUGLAS R	ICD-9: ED
	DOB: 06/02/1958	AGE: 58
		SEX: M
		NEN000045

This slide means that Charlie isn't doing your locals either, Charlie says get a Dish500!

0023 unsuccessful	0108 Chk in prog.
0033 unsuccessful 7.5	
0033 unsuccessful 9.	

K27A 100C
0018 0018

0102. 8172

ROC

This means that you can get alot of distant signals, Charlie Says get a Dish500, a Dish300 and an Sw64!

VPAP Setup: On > select New Pt. > select Pt. Size > select Intubate > Breath Mode = CPAP + PS	
breath Type = Pressure > Adjust PS and PEEP to desired values > select ventilate.	
Alarms: Set high 10 point above PIP and low 10 points below PIP.	
Tube 0020 - No	0104 suckers 6502 207/103 1219
Specify care:	
<input type="checkbox"/> Intubated <input type="checkbox"/> ET/CO2 Monitoring <input type="checkbox"/> TPA Infusion <input type="checkbox"/> EKG <input type="checkbox"/> IABP <input type="checkbox"/> Fetal Monitoring <input type="checkbox"/> Neonatal Isolette <input type="checkbox"/> Goldscope Intubation	
<input type="checkbox"/> Other <input type="checkbox"/> IV Medications, titrated drips (specify medications)	

This is a closeup view of the Local DMA for Denver, I think charlie said if you lived in the white area you can get 2 distant signals plus Denver for a total of 3.

11/26/2018

Retailer Charlie Chat Transcript Courtesy of Dishretailer.com

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

X

Signature of Receiving Facility Representative	Title	Date	Printed Name of Receiving Facility Representative	Title

On the line below, explain the circumstances that make it impractical for the patient to sign:

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by REACH now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include only the following individuals:

Now Jim Defranco is going to talk about signal Tests. Jim is Smiling because Charlie told us to buy this expensive testing equipment and now it isnt any good.

a copy of its No. _____ and party with instructions to provide the Notice to the patient. *A copy of this form is valid as an original.

SECTION - PATIENT SIGNATURE

The patient must sign these unless the patient is physically or mentally incapable of signing.

Services Signature form

SCHWARTZ DOUGLAS R
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RN/REG: /
Patient Name: CARVEY DAVYD J MD R: 2818
PR: 000330367 PT: 6139781

Transport Date: _____ Transport #: _____

Privacy Pract: _____

Requesting Entity (name and contact): _____

Accepting Receiving Hospital: University of Utah

Requesting Air Transport General Certificate: _____

This is just the slide enforcing the fact our fancy signal meters are no longer good. Good thing I didnt waste my money

NEV000046

1. Patient's legal guardian

☒ Relative or other person who receives social security or other governmental benefits on behalf of the patient

☐ Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs

☐ Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services or sending facility) but furnished other care, services, or assistance to the patient

Diane Schwartz 6/22/16 Diane Schwartz

Complete this section only if: (1) the patient was physically or mentally incapable of signing, and (2) no authorized representative (Section I) was available or willing to sign on behalf of the patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that no authorized representative (Section I) was available or willing to sign on behalf of the patient at the time of service.

Signature of Crewmember _____ Title _____ Date _____ Printed Name of Crewmember _____ Title of Crewmember _____

B. Receiving Facility Representative Signature _____

Now Jim and Charlie are going to talk about the Advertising that starts next week.

☐ DVT requires elevation of a lower extremity ☒ Medical attention required ☒ Requires oxygen - unable to self administer
☐ Special handling/isolation/infection control precautions required ☐ Unable to tolerate seated position for time needed to transport
☐ Hemodynamic monitoring required enroute ☒ Unable to sit in a chair or wheelchair due to decubital ulcers or other wounds
☐ Cardiac monitoring required enroute ☐ Morbid obesity requires additional personnel/equipment to safely handle patient

3) In addition to completing questions 1-3 above, please check any of the following conditions that apply:

*Note: supporting documentation for any items checked must be maintained in the patient's medical records

☐ Contractures ☐ Non-healed fractures ☐ Patient is confused ☐ Patient is comatose ☒ Unobtainable source pain on movement
☐ Danger to self/other ☒ IV meds/fluids required ☐ Patient is combative ☐ Need or possible need for restraints

I certify that the above information is true and correct based on my examination of this patient, and I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services, and I represent that I have personal knowledge of the patient's condition at the time of transport.

☐ If this box is checked, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim and that

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse Practitioner, or other qualified medical professional

Signature: _____ Date: _____

Transporter

Signature: _____ Date: _____

Origin: _____

Is the pt's stay covered under Medicare Part A (PFS/DRG)? ☐ YES ☐ NO

Please check appropriate box(es): ☐ YES ☐ NO If not, who is transport to next closest facility required?

NEEN000047

Preety snappy aint it? If you goto the retailer website, you can download serveral different versions of this ad if your Charlie decided that they are doing local in your city.

the patient pursuant to 42 CFR §424.36(b)(4). In accordance with 42 CFR §424.37, the specific reason(s) that the patient is physically or mentally incapable of signing the claim form is as follows:

Signature: Mark Date: 6.22.16

Physician or other qualified medical professional

Signature: _____ Date: _____

Transporter

Signature: _____ Date: _____

Origin: University of Utah

Is the pt's stay covered under Medicare Part A (PFS/DRG)? ☐ YES ☐ NO

Please check appropriate box(es): ☐ YES ☐ NO If not, who is transport to next closest facility required?

NEEN000047

This is Dishes plan for local to local, Where is Detroit?

Signed

Donna Kevitt

Printed Name

Attestation Statement - Authorized PCS Signers

Technical Difficulties, I bet its those Dirty Rats at DirecTv messing with the signal because they are jellous that charlie is going to offer more locals than they can ever imagine.

NEN000048

[Redacted Signature Area]

I, _____, declare the MEDICAL CONDITION (physical and/or mental) of the patient AT THE TIME OF AMBULANCE TRANSPORT AND requires the patient to be transported to an institution and only transport for other reason is considered by the patient's condition.

Bill from Dish Hawahi (Hope I spelled it right) Called and asked about distant network signals. I guess the Director thought it would be cool to show a tiny little picture of Hawahi.



06-23-2016 12:04 AM

Fax Services

+ER

D2

administrative, civil, or criminal liability."

Good old Mike Dugan comes to save the day. I forget what he said, because I can't read my notes, but I thought this picture looked good. If you look to the right you can see half of Mary Davidson who is head of Retail Services.

FN, etc.] when I certified that the above listed Medicare beneficiary required ambulance transport. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to

NEN000049

signed the PCS or other document in question), hereby attest that the document dated _____ (date of signing PCS or other document in question) accurately reflects signature/notations that I made in my capacity as _____ (insert provider credentials, e.g., M.D., D.O.,

Charlie looks a little Blue here, because he had to break the bad news to our friend Bill that there will be no core services offered at 110 any time soon. In case you were wondering, Bill uses a 36inch dish to pick up 110 and I believe a 6 or an 8 foot dish to pick up 119.

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Signature of Receiving Facility Representative	Title	Date	Printed Name of Receiving Facility Representative	Title
<p>NOTES: SIGNATURE OF ANY PROVIDER OR REPRESENTATIVE OF ANY FACILITY IS NOT VALID UNLESS IT IS ACCOMPANIED BY THE SIGNATURE OF THE PATIENT OR THE PATIENT'S LEGAL REPRESENTATIVE. MY SIGNATURE IS NOT AN ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR THE SERVICES RENDERED.</p> <p>On the line below, explain the circumstances that make it impractical for the patient to sign:</p>				

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by RZACH now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include only the following individuals:

Jim Defranco also mentions that the price on the 3822 will drop in price from \$249 to \$199 effective Monday November, 29th

Programming Announcements!

© 06-23-2016 12:04 AM Fax Services + ER D3

Radiologist: Max Pollock, M.D. Phone: 858-626-8106
 Final Report
 EXAM: CT head without contrast.

I just wanted to get everyone excited, eventhough Charlie didnt mention what channels would be added, heres a good ideaof what will be at 110.

Tech: Exam request generated by HL7 interface
 Exams: CT HEAD Without Contrast
 Contrast:
 Accession Numbers: 61397810000800, 61397810000700, 61397810000800, 61397810000800,
 61397810001000

NEV000060

Leading Telemedicine

Northeastern Nevada Regional Hospital

As you all know, Team Summit will be at the end of Febuary. A little early this year, but charlie said its going to be very exciting with lots of good news and products.

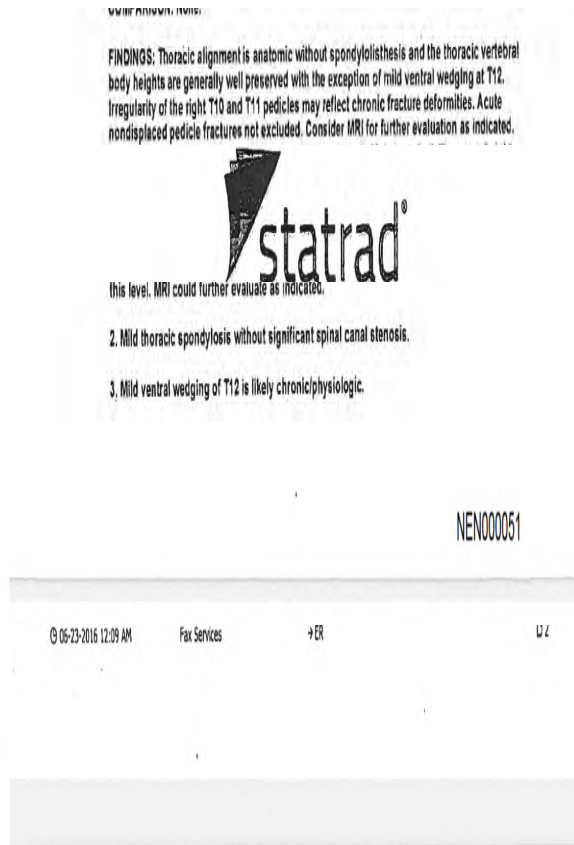
contents are grossly unremarkable. Scattered paranasal sinus mucosal thickening is present with possible trace right maxillary sinus fluid level. Evaluation for facial fracture is limited with the provided technique. There is no significant mastoid or tympanic cavity fluid. There is no depressed calvarial fracture.

IMPRESSION:

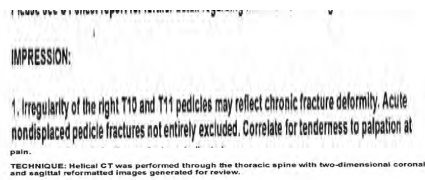
Study ready at 22:40 and initial results transmitted at 23:29

Critical Value Communications	Type	Notes
Clear Time		

The Next Charli Chat is December 6th. Remember this is the Retailer Chat, the consumer chat will be in the evening at 8pm. BTW, this chat will be an interactive chat if we have a Dishplayer.



These are just the re-broadcast Dates, if you missed this chat and want to see it for yourself. I dont know what good it does to show the chat Thursday since its ThanksGiving and we'll all be at our homes. Remember we can only get the chat on our showroom recievers which are at our shops.



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This transcript was written by Claude Greiner. If you have any questions or corrections

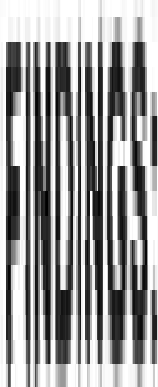
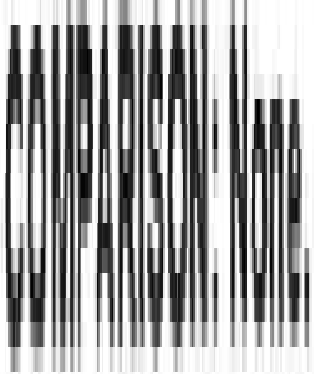
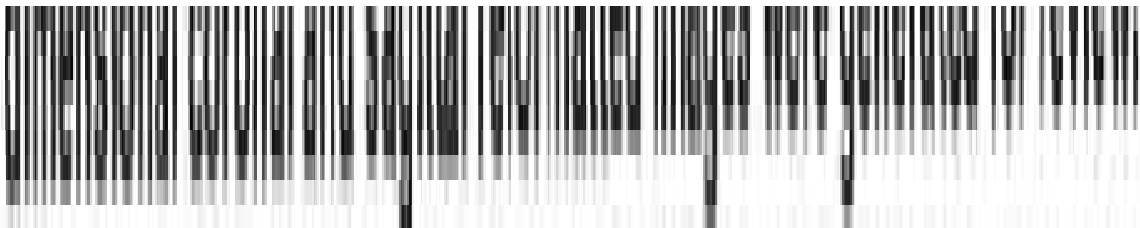
concerning this Un-official transcript, please send us an E-mail at CharlieChat@Dishretailer.com

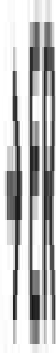
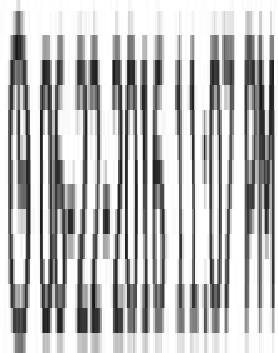
You are visitor number:

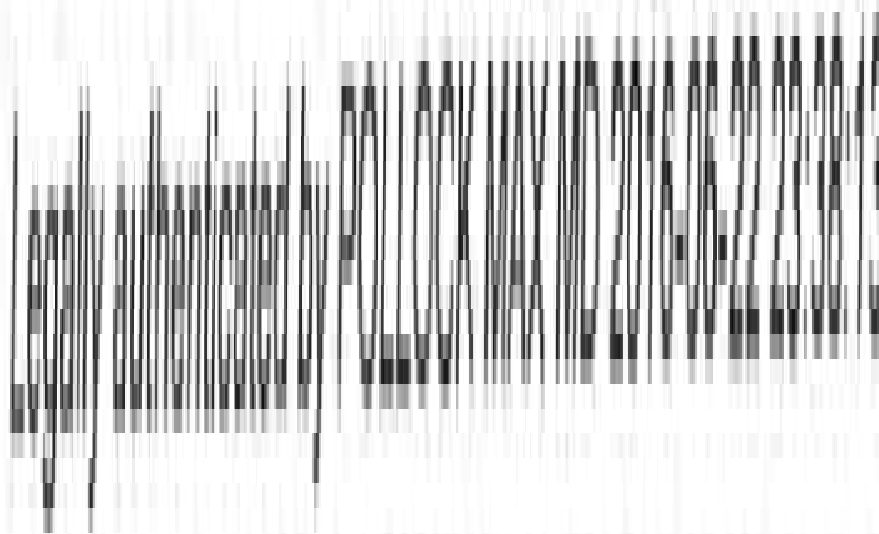
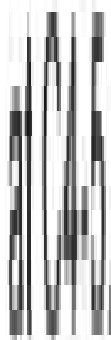


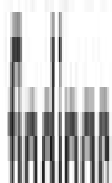
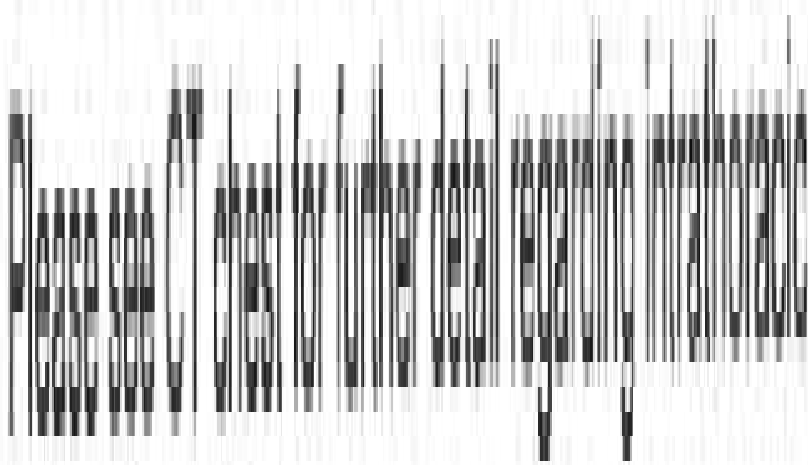
EXHIBIT 744

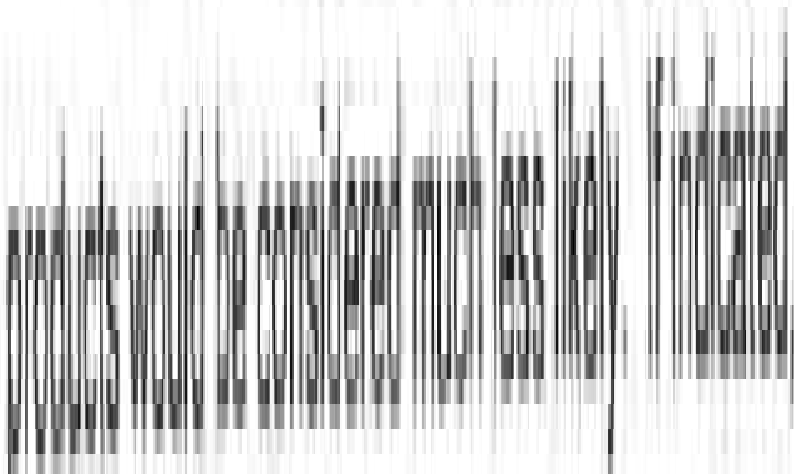
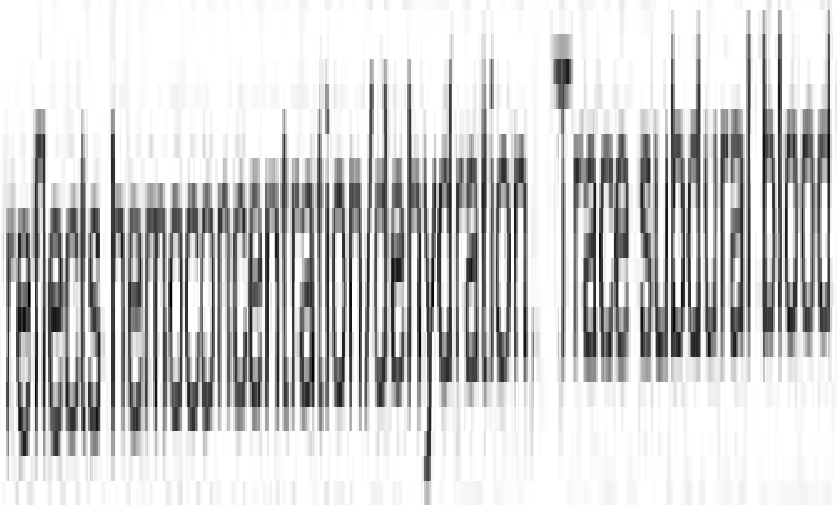
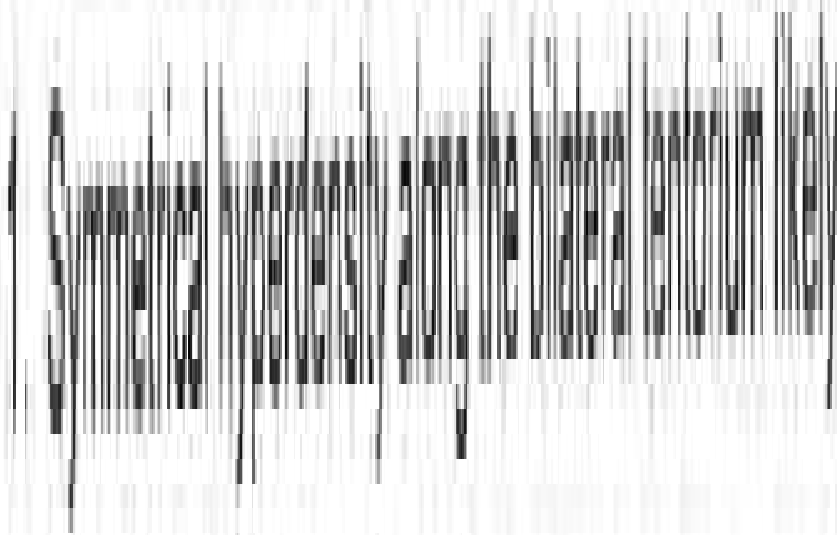
EXHIBIT 744

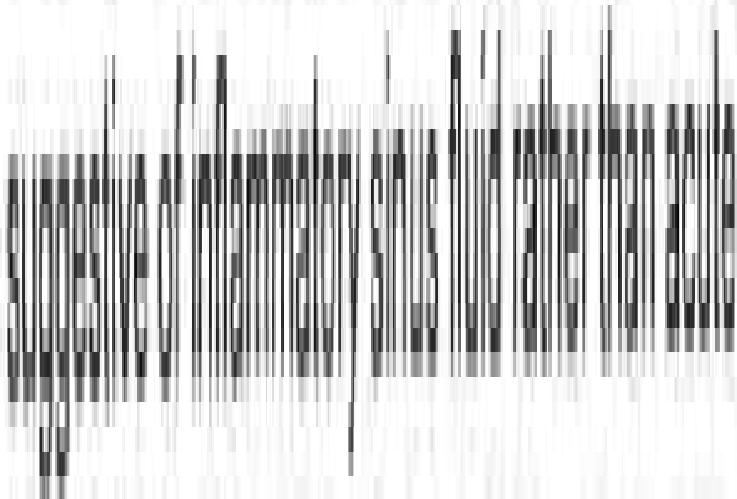
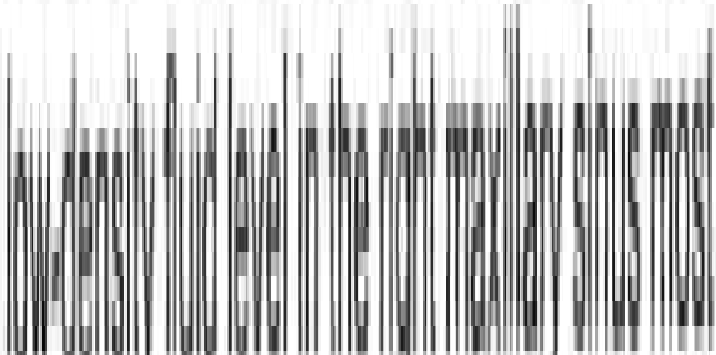
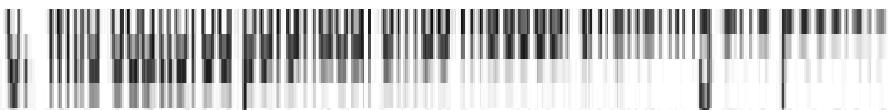












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