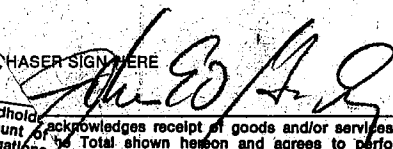


Epilepsy Foundation

5108171

John O'Grady
5480 0901 2901 0939
ex. 12/09

Mastercard

PL
X  MASTER SIGN HERE
Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

SAFEPER® U.S. Pat. 4,403,793

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
				100 00
DATE			AUTHORIZATION	
REFERENCE NO.		REG/DEPT.	SUB TOTAL	
FOLIO/CHECK NO.		SERVER	CLERK	TAX
				TIPS
				MISC.
SALES SLIP			TOTAL 100 00	

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS