

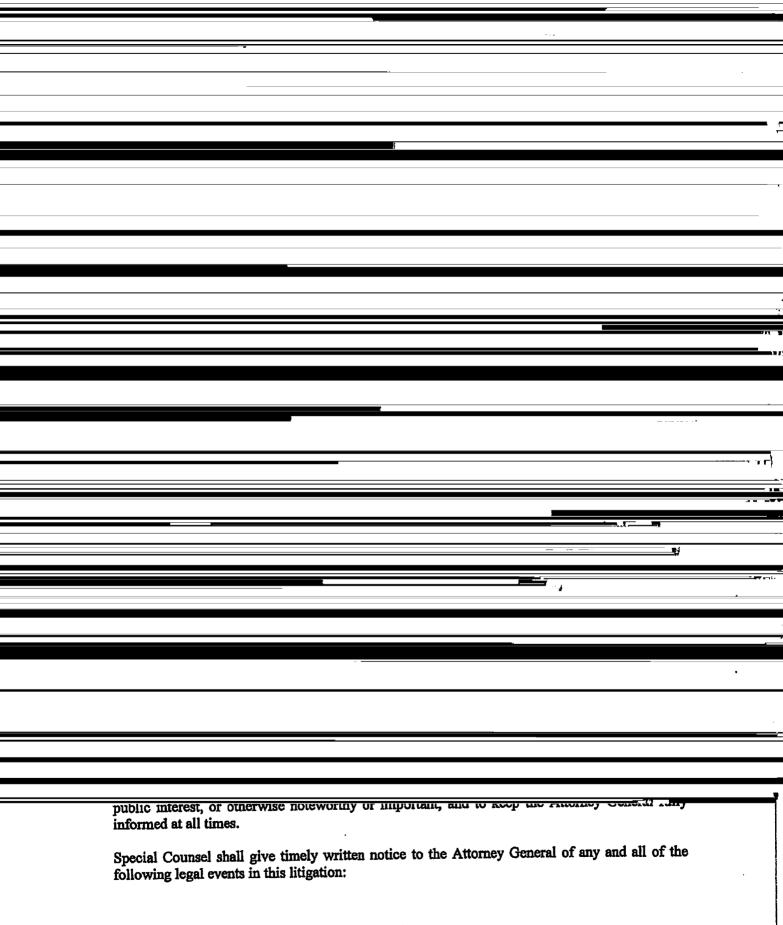
Name: Alan Wilson

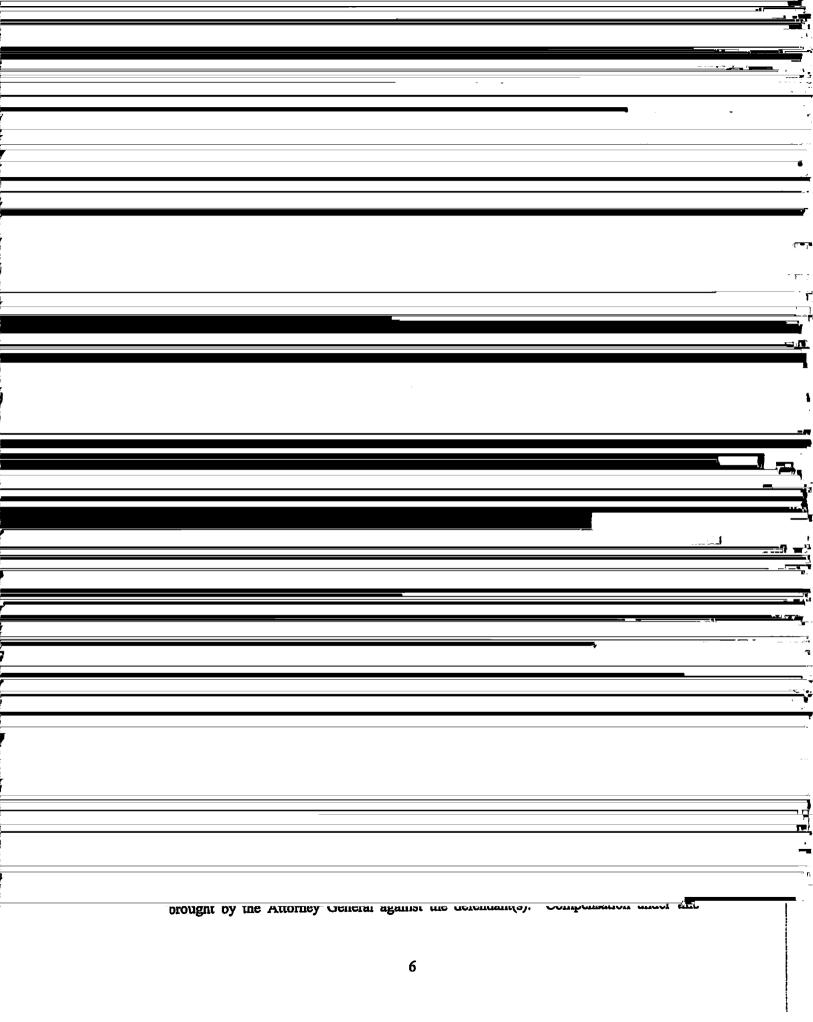
Attorney General

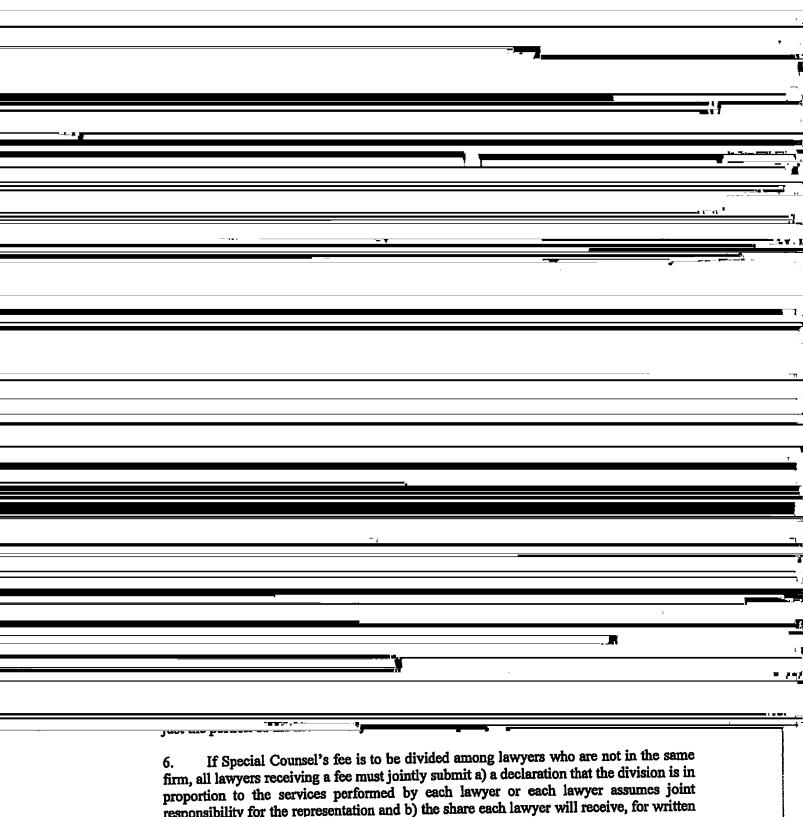
Address:

P. O. Box 11549 Columbia, SC 29211 803-734-3970

Phone:

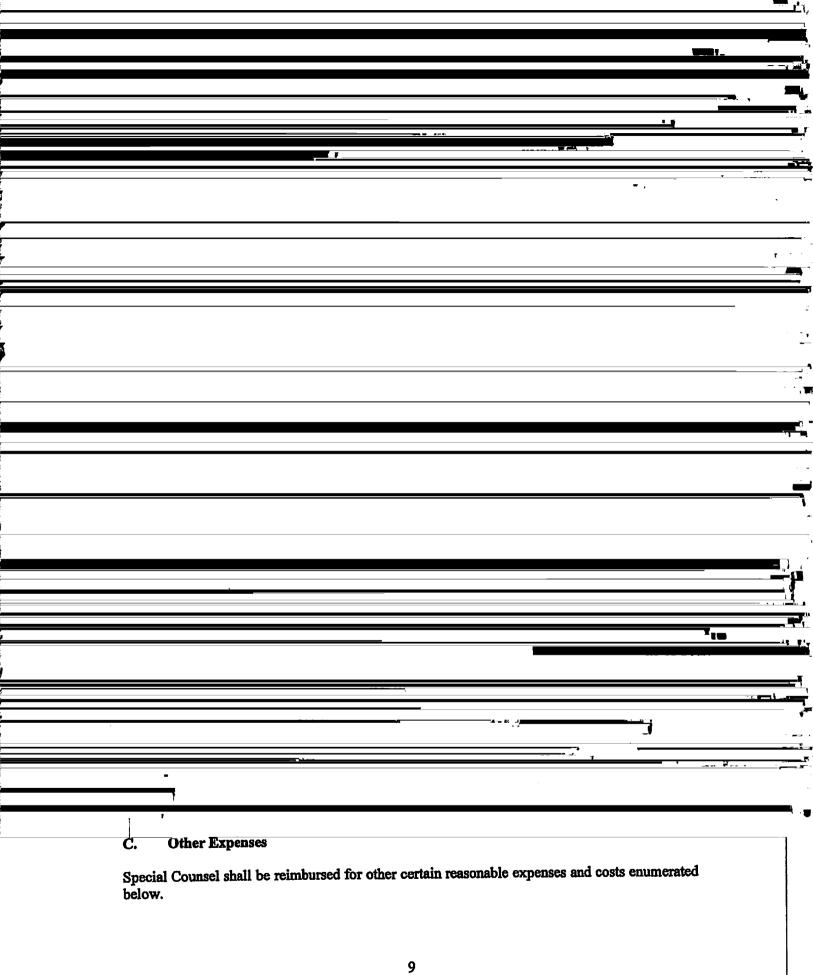






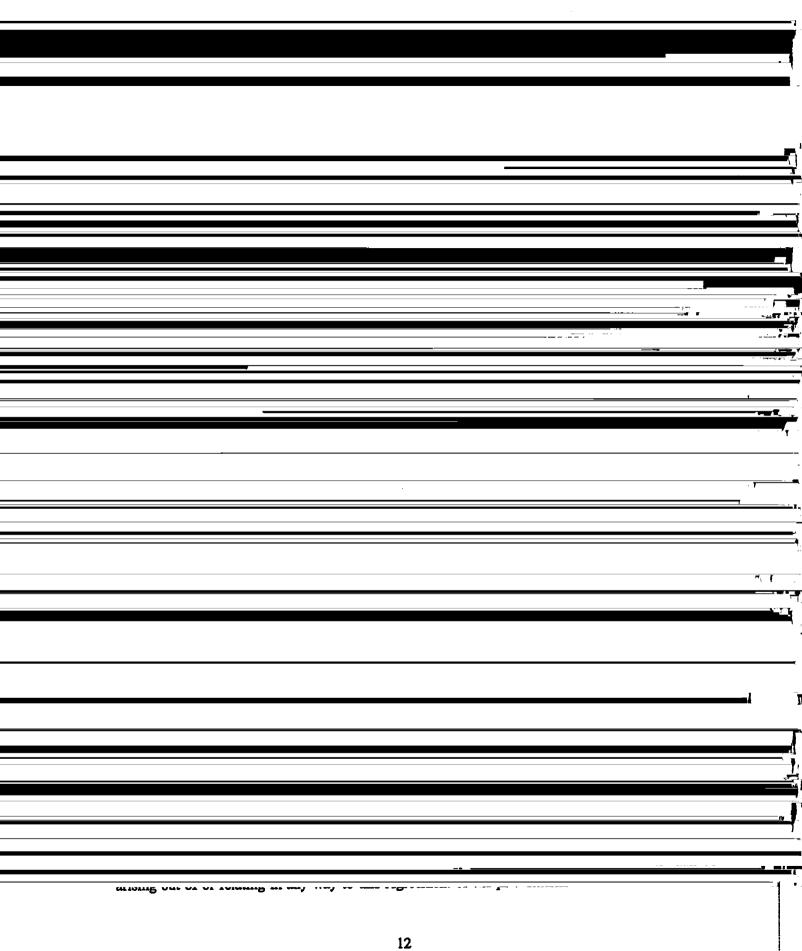
responsibility for the representation and b) the share each lawyer will receive, for written approval by the Attorney General's Office prior to the disbursement of any fee.

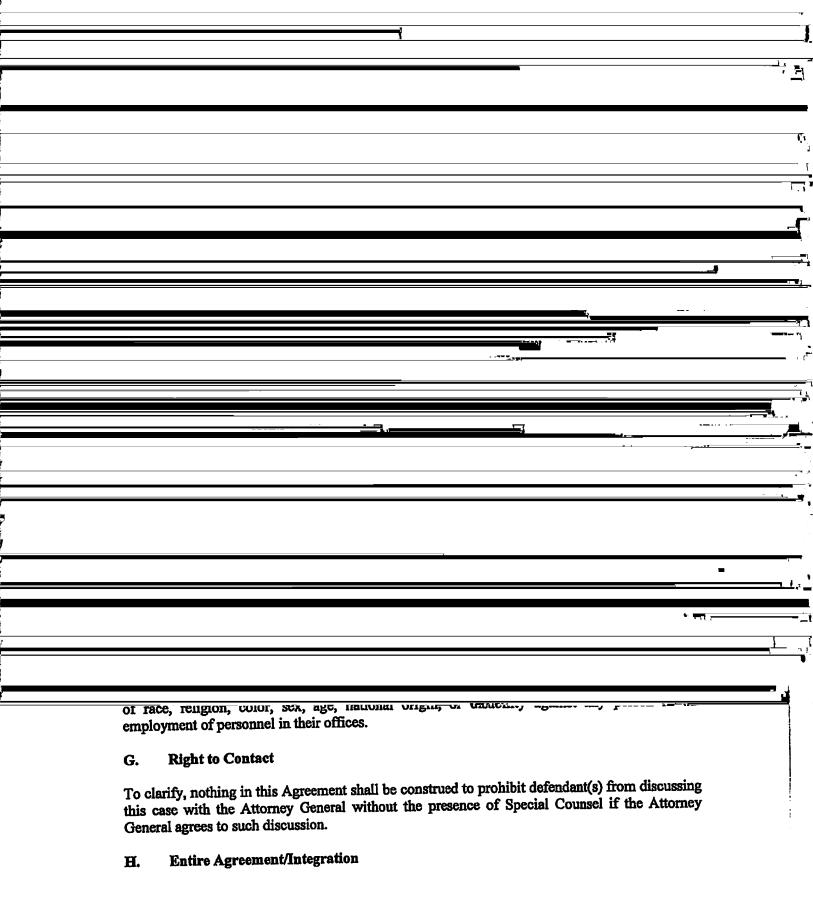
Federal Medicaid Portion C.

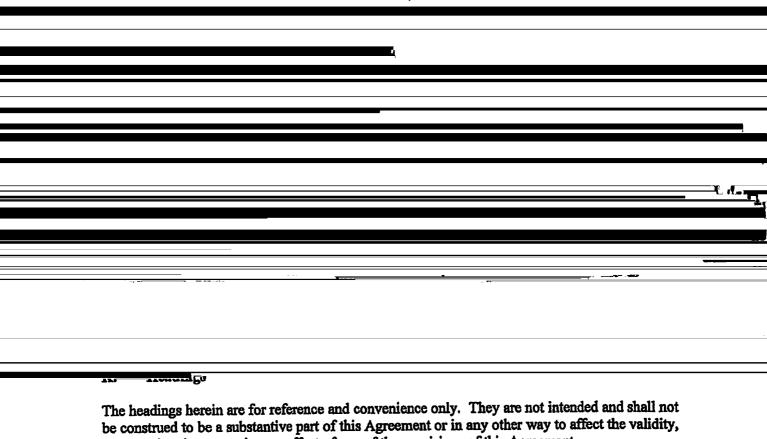




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IN addition, openial Counsel will broated an tivou objections and to a management of the country	Ť
following information:	
1. Date of expense,	
 Amount of expense, Amount of expense for which reimbursement is sought, Description of expense, 	







construction, interpretation, or effect of any of the provisions of this Agreement.

L. Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be an original and all of which constitute one and the same instrument.

[Signatures follow on the next page.]

Bruce W. Bannister
Date: 4/5/19 Date: Smith In 19

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[Signatures follow on the next page.]

Alan Wilson Date: 6cf 10, 2019	
	Special Coursel John B. White, Jr. P.

Attorney General of South Carolina

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