

1 Athletic Physical Therapy to renew the contract for the Revised Rebid Post Offer Fit for
2 Duty Testing Services with the County; and

3 **WHEREAS**, the Jefferson County, Missouri, Council finds it is in the best interest
4 of the County to renew the bid award for Revised Rebid Post Offer Fit for Duty Testing
5 Services for the term from the date of approval to 2-12-25 with Athletic Physical Therapy
6 up to **\$8,000.00 per term, for total amount not to exceed \$8,000.00 for the term**, subject
7 to budgetary limitations.

8 **BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**
9 **AS FOLLOWS:**

10 Section 1. The County authorizes the renewal of the bid awards for an
11 additional one-year term as follows:

12 BID NAME

13 Revised Rebid Post Offer/Fit for Duty Testing

14 TERM

15 Date of approval to 2-12-25

16 AMOUNT

17 **Up to \$8,000.00 per term,**

18 **for total amount not to exceed \$8,000.00 for the term,**

19 subject to budgetary limitations

20 AWARDED BIDDER

21 Athletic Physical Therapy

1 Section 2. The Jefferson County, Missouri, Council hereby authorizes the
2 County Executive to execute a renewal agreement, attached hereto and incorporated herein
3 by reference and attached as Exhibit A. The County Executive is further authorized to take
4 any and all actions necessary to carry out the intent of this Ordinance.

5 Section 3. Copies of all Invitations for Bid, Requests for Proposals, responses
6 thereto, and any contracts or agreements shall be maintained by the Department of the
7 County Clerk consistent with the rules and procedures for the maintenance and retention
8 of records as promulgated by the Secretary of State.

9 Section 4. This Ordinance shall be in full force and effect from and after its
10 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity
11 shall not affect the remainder of this Ordinance.

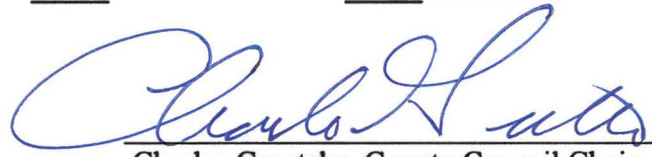
[THIS SPACE INTENTIONALLY LEFT BLANK]

THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:

Council Member District 1, Brian Haskins	<u>yes</u>
Council Member District 2, Gene F. Barbagallo	<u>yes</u>
Council Member District 3, Lori Arons	<u>yes</u>
Council Member District 4, Charles Groeteke	<u>yes</u>
Council Member District 5, Scott Seek	<u>absent</u>
Council Member District 6, Daniel Stallman	<u>yes</u>
Council Member District 7, Bob Tullock	<u>yes</u>

THE ABOVE BILL ON THIS 25 DAY OF March, 2024:

PASSED **FAILED**



Charles Groeteke, County Council Chair



Cherlynn Boyer, Council Executive Assistant

THIS BILL WAS ✓ APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 29 DAY OF March, 2024.

THIS BILL WAS _____ VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS _____ DAY OF _____, 2024.



Dennis J. Gannon, Jefferson County, Missouri, Executive

ATTEST:



Jeannie Goff, County Clerk

BY: 

First Reading: 03-25-2024



County of Jefferson

State of Missouri

Administration Center
729 Maple Street · PO Box 100
Hillsboro, Missouri 63050

Dennis Gannon

County Executive

DEPARTMENT OF ADMINISTRATIVE SERVICES

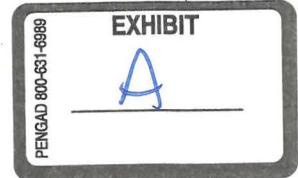
David Courtway - Director

Web Address: www.jeffcom.org

Dana Downs
Human Resources Manager
(636)797-5563 / Fax (636)797-5596

Jackie Doyle
General Services/Contracts & Grants Manager
(636)797-5380 / Fax (636)797-5067

ATHLETICO PHYSICAL THERAPY
13537 BARRETT PARKWAY DR. STE 105
BALLWIN MO 63021



February 22, 2024

Attn: Matt Weirich

Your company was awarded a bid for **“REVISED REBID POST OFFER/FIT FOR DUTY TESTING SERVICES”** for the County of Jefferson, Missouri in February 2023. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions, subject to budgetary limitations, subject to approval by the County Council and County Executive. The new award dates shall be from **Date of approval to 2-12-25.**

PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Brian Graf

Brian Graf

FAB8449A5AE9435

Printed Name of Authorizing Agent

Signature

3/18/2024

Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Jackie Doyle
Jackie Doyle
Department of Administrative Services



ORDINANCE NO.

24-0176

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as of this 24 day of March 2024:

Athletico Management, LLC

County of Jefferson, State of Missouri

Company Name

DocuSigned by:
Brian Graf
FA8B44DA65AE042E
Signature
Brian Graf

Dennis J. Gannon
Dennis J. Gannon County Executive

Print

Company Address: _____

2122 York Road, Suite 300

Oak Brook, IL 60523

Phone: 618-604-0795

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

Kristy Wagoner
County Auditor

APPROVED AS TO FORM

[Signature]
County Counselor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 32 Old Slip 29th Fl New York NY 10005	CONTACT NAME: Meagan Rago	
	PHONE (A/C No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS: Meagan.Rago@alliant.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Lloyd's Syndicate 2623 (Beazle)		0
INSURER B : Continental Casualty Company		20443
INSURER C : Sentry Casualty Company		28460
INSURER D : Coverys Specialty Insurance Co		15686
INSURER E : American Casualty Company of R		20427
INSURER F : Scottsdale Insurance Company		41297

INSURED Athletico, LTD (See Additional Named Insured Below) 2122 York Road, Suite 300 Oak Brook IL 60523	ATHLHOL-01
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COVERAGES

CERTIFICATE NUMBER: 809946042

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			W1E2AA230701	3/31/2023	3/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ See Below MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6079724034	3/31/2023	3/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			005IL000035261 HPS0000502	3/31/2023 3/31/2023	3/31/2024 3/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 2nd Layer Limit \$ \$5M XS \$5M
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	A0214190001 A0214190002	3/1/2024 3/1/2024	3/31/2024 3/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Property - Special Form - RC including tenant improvements and betterments & Plate Glass			7034925763	3/31/2023	3/31/2024	Blanket BPP \$155,724,459 Blanket BI \$87,953,915

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DAMAGE TO RENTED PREMISES is \$50,000 unless required by written contract which is \$500,000

Additional Named Insured:
 Athletico Employee Holdco, LLC
 Athletico Holdings, LLC
 Athletico Cares Foundation, Inc.
 Athletico Management Holdings, LLC
 Pain Free America, The Political Action Committee of Athletico Holdings, LLC
 Mobility Purchaser Corporation
 See Attached...

CERTIFICATE HOLDER

CANCELLATION

Jefferson County Missouri; Attn: Jackie Taraski 729 Maple St./PO Box 100 Hillsboro, MO 63050	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Athletico, LTD (See Additional Named Insured Below) 2122 York Road, Suite 300 Oak Brook IL 60523	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Mobility Accelerated Holdings, Inc. fka OPE Accelerated Holdings, Inc.
 Accelerated Holdings Corporation
 Accelerated Rehabilitation Centers, Ltd.
 Athletico of Kansas, LLC
 Athletico Intermediate Holdings, LLC
 Athletico Management, LLC
 Accelerated Holdings, LLC
 Accelerated Health Systems, LLC
 Accelerated Rehabilitation Centers of Phoenix, LLC
 Athletico Excel Nebraska, LLC
 Maximum Impact Physical Therapy Services, LLC
 Athletico Illinois Holdings, LLC
 Georgialina Physical Therapy Associates, L.L.C.
 PT Network Intermediate Holdings, LLC
 Athletico of Park Ridge, LLC
 Athletico of Addison, LLC
 Farmington Physical Therapy, Inc.
 ProRehab, P.C.
 Accelerated Rehabilitation Centers of Kenosha Ltd.
 Accelerated of Iowa, P.C.
 Eastern Iowa Therapeutics, P.C.
 Physical Therapy Enterprises, Inc. dba Norfolk Physical Therapy Center
 Bayside Physical Therapy, LLC
 GLEN BURNIE PHYSICAL THERAPY & SPORTS CARE, LLC
 Maryland Sports Care & Rehab, L.L.C.
 Maryland Sports Care & Rehabilitation of Salisbury, L.L.C.
 Pivot Athletic Training, LLC
 Professional Sports Care & Rehab LLC
 Professional Sportscare & Rehab Associates, LLC
 Professional SportsCare, LLC
 Activecare Physical Therapy, LLC
 PhysioHealth, LLC
 Cambridge Physical Therapy and Sports Care, LLC
 Professional SportsCare & Rehab of West Virginia, LLC
 Pivot Physical Therapy of Pennsylvania, LLC
 Pivot Occupational Health, LLC
 Allegheny & Chesapeake Physical Therapists, Inc.
 Southern Delaware SportsCare and Rehabilitation, LLC
 Tidewater Physical Therapy, LLC
 PTN Transportation, LLC
 Pivot Physical Therapy of Central Maryland, LLC
 Synamic Therapy Services Of Pennsylvania LLC
 Dynamic Therapy Services, LLC
 PTCG, LLC
 Onsite innovations, LLC
 Omega Medical Center, LLC
 WorkPro of Maryland
 Pivot Professional Services of California, P.C.
 Pivot Professional Services of New Jersey, PA
 Pivot Professional Services, P.A.
 Pivot Cares Foundation, Inc.
 Action Physical Therapy & Rehabilitation, LLC



ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY

It is understood and agreed that this endorsement amends the **BUSINESS AUTO COVERAGE FORM** as follows:

SCHEDULE
Name of Additional Insured Person Or Organization
ANY PERSON OR ORGANIZATION THAT THE NAMED INSURED IS OBLIGATED TO PROVIDE INSURANCE WHERE REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT IS AN INSURED,
BUT ONLY WITH RESPECT TO LEGAL RESPONSIBILITY FOR ACTS OR OMISSIONS OF A PERSON/ORGANIZATION FOR WHOM LIABILITY COVERAGE IS AFFORDED UNDER THIS POLICY.

1. In conformance with paragraph **A.1.c.** of **Who Is An Insured** of Section **II - LIABILITY COVERAGE**, the person or organization scheduled above is an insured under this policy.
2. The insurance afforded to the additional insured under this policy will apply on a primary and non-contributory basis if you have committed it to be so in a written contract or written agreement executed prior to the date of the **"accident"** for which the additional insured seeks coverage under this policy.

All other terms and conditions of the policy remain unchanged

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy.

Form No: CNA71527XX (10-2012)	Endorsement Effective Date:	Endorsement Expiration Date:	Policy No: 6079724034
Endorsement No: 17; Page: 1 of 1	Underwriting Company: American Casualty Company Of Reading, PA		Policy Effective Date: 03/31/2023
			Policy Page: 79 of 102



**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ATHLETICO LTD
Endorsement Effective Date: 03/31/2023

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION FOR WHOM OR WHICH YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER FROM US. YOU MUST AGREE TO THAT REQUIREMENT PRIOR TO LOSS.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "**accident**" or the "**loss**" under a contract with that person or organization.

Form No: CA 04 44 10 13
Endorsement Effective Date:
Endorsement No: 5; Page: 1 of 1
Underwriting Company: American Casualty Company Of Reading, PA

Policy No: 6079724034
Policy Effective Date: 03/31/2023
Policy Page: 50 of 102

Effective date of this Endorsement: 31-Mar-2023

This Endorsement is attached to and forms a part of Policy Number: W1E2AA230701

Syndicate 2623/623 at Lloyd's, referred to in this endorsement as either the "Insurer" or the "Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – WITH WAIVER/ PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. Clause II. **PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:
 - a. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;
 - b. This Insurance applies to such liability assumed by the **Insured**;
 - c. The obligation to defend the Additional Insured has also been assumed by the **Insured** in the same contract or agreement;
 - d. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interest of the **Insured** and the interests of the Additional Insured;
 - e. The Additional Insured and the **Insured** ask the Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that the Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured
 - f. The Additional Insured agrees in writing to:
 - i. Cooperate with the Underwriters in the investigation, settlement or defense of the **Claim**;
 - ii. Immediately send the Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;
 - iii. Notify any other insurer whose coverage is available to the Additional Insured, and
 - iv. Cooperate with the Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
 - g. The Additional Insured provides Underwriters with written authorization to:
 - i. Obtain records and other information related to the **Claim**; and
 - ii. Conduct and control the defense of the Additional Insured in such **Claim**.
2. This Insurance shall be primary and not contributing with any other insurance maintained by the Additional Insured, subject to the provisions shown in paragraph 1., above.
3. The **Named Insured** waives any right of recovery the **Named Insured** may have against any person or organization, where required by the **Insured's** written contract with the Additional Insured, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations.

All other terms and conditions of this Policy remain unchanged.



Authorized Representative

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Name:

Address: AR, AZ, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, LA, MA, MD, MI, MN, MO, MS, NC, NE, NV, NY, OK, OR, PA, RI, SC, SD, TN, VA, WV

Description of Waiver: Any person or organization for whom the Named Insured has agreed by written contract executed prior to loss.

JobID:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by _____

WC 00 03 13

(Ed. 4-84)

© 1983 National Council on Compensation Insurance.

A0214190001 Sentry Casualty Company

JEFFERSON COUNTY TAX RECEIPT
2023 PERSONAL PROPERTY

03/12/2024 04:52 PM

ACCOUNT #: 0J9466

RECEIPT#: 2023159765

MICHELLE WORTH, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: bmahn@jeffcomo.org

TOTAL VALUATION: 7580

ACCELERATED HEALTH SYSTEMS C/O RYAN
LLC
PO BOX 802206
DALLAS, TX 75380

PROPERTY DESCRIPTION

998024	Z - Business Value	1	7,580
	Total Value:		7,580

TAX DISTRICT

CITY OF FESTUS	45.90
FESTUS SCHOOL	310.45
FESTUS SPECIAL	12.92
HEALTH UNIT TAX	7.60
JC DEV DISABILITIES	6.50
JEFFERSON COLLEGE	23.59
JOACHIM-PLATTIN AMB	9.33
MENTAL HEALTH TAX	6.50
PARK TAX	1.94
STATE TAX	2.27

TOTAL TAXES 427.00

TOTAL PAID 427.00

PAID

Validated By

MICHELLE WORTH, Jefferson County Collector

Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2023 STATEMENT TOTAL: 427.00 TOTAL PAID: 427.00 RECEIPT#: 2023159765

PERSONAL PROPERTY

This card is for your convenience in licensing your vehicles. Please cut or tear it out, place it in your wallet, and take it with you to the License Bureau.

2023 Jefferson County Personal Property Tax Receipt
I, MICHELLE WORTH, Collector of Jefferson County, MO
do hereby certify that 0J9466

ACCELERATED HEALTH SYSTEMS C/O RYAN LLC
PO BOX 802206
DALLAS, TX 75380

Has Paid Personal Taxes For The Year 2023 On The Following
Vehicles Described Below:

JEFFERSON COUNTY TAX RECEIPT
2023 PERSONAL PROPERTY

03/12/2024 04:49 PM

ACCOUNT #: 315217

RECEIPT#: 2023158157

MICHELLE WORTH, COLLECTOR

729 MAPLE ST., STE 36

HILLSBORO, MO 63050

PHONE: (636) 797-5406

Email: bmahn@jeffcomo.org

TOTAL VALUATION: 5020

ACCELERATED HEALTH SYSTEMS C/O RYAN
LLC
PO BOX 802206
DALLAS, TX 75380

TAX DISTRICT

TAX

FOX SCHOOL	214.24
HEALTH UNIT TAX	5.04
JC DEV DISABILITIES	4.30
JEFFERSON COLLEGE	15.62
LIBRARY / C1 & C6	13.07
MENTAL HEALTH TAX	4.30
PARK TAX	1.29
ROAD & BRIDGE TAX	11.34
ROCK AMBULANCE	10.04
ROCK COMM FIRE	59.22
STATE TAX	1.51

TOTAL TAXES 339.97

TOTAL PAID 339.97

PROPERTY DESCRIPTION

998024	Z - Business Value	1	5,020
	Total Value:		5,020

PAID

Validated By

MICHELLE WORTH, Jefferson County Collector

Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2023 STATEMENT TOTAL: 339.97 TOTAL PAID: 339.97 RECEIPT#: 2023158157

PERSONAL PROPERTY

This card is for your convenience in licensing your vehicles. Please cut or tear it out, place it in your wallet, and take it with you to the License Bureau.

2023 Jefferson County Personal Property Tax Receipt
I, MICHELLE WORTH, Collector of Jefferson County, MO
do hereby certify that 315217

ACCELERATED HEALTH SYSTEMS C/O RYAN LLC
PO BOX 802206
DALLAS, TX 75380

**Has Paid Personal Taxes For The Year 2023 On The Following
Vehicles Described Below:**

**JEFFERSON COUNTY TAX RECEIPT
2023 PERSONAL PROPERTY**

03/12/2024 04:54 PM

ACCOUNT #: 488768
RECEIPT#: 2023159760

MICHELLE WORTH, COLLECTOR
729 MAPLE ST., STE 36
HILLSBORO, MO 63050
PHONE: (636) 797-5406
Email: bmahn@jeffcomo.org

TOTAL VALUATION: 1960

ACCELERATED HEALTH SYSTEMS C/O RYAN
LLC
PO BOX 802206
DALLAS, TX 75380

PROPERTY DESCRIPTION

998024 Z - Business Value 1 1,960
Total Value: 1,960

TAX DISTRICT

	TAX
BIG RIVER AMBULANCE	10.83
HEALTH UNIT TAX	1.97
HIGH RIDGE FIRE	17.07
JC DEV DISABILITIES	1.68
JEFFERSON COLLEGE	6.10
LIBRARY / R1	5.18
MENTAL HEALTH TAX	1.68
NORTHWEST SCHOOL	84.06
PARK TAX	0.50
ROAD & BRIDGE TAX	4.43
STATE TAX	0.59

TOTAL TAXES 134.09
TOTAL PAID 134.09

PAID

Validated By
MICHELLE WORTH, Jefferson County Collector
Kristy Apprill, Jefferson County Auditor

DATE: 12/31/2023 STATEMENT TOTAL: 134.09 TOTAL PAID: 134.09 RECEIPT#: 2023159760

PERSONAL PROPERTY

This card is for your convenience in licensing your vehicles. Please cut or tear it out, place it in your wallet, and take it with you to the License Bureau.

2023 Jefferson County Personal Property Tax Receipt
I, MICHELLE WORTH, Collector of Jefferson County, MO
do hereby certify that 488768

ACCELERATED HEALTH SYSTEMS C/O RYAN LLC
PO BOX 802206
DALLAS, TX 75380

**Has Paid Personal Taxes For The Year 2023 On The Following
Vehicles Described Below:**