

**From:** [Shuler, Ann](#)  
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**Subject:** Pee Dee Healthcare, PA -v- Lower Florence County Hospital District d/b/a Lake City Community Hospital  
**Date:** Monday, October 24, 2022 1:48:29 PM  
**Attachments:** [CA.pdf](#)  
[NOA.pdf](#)  
[Service.pdf](#)  
[Transcript.Order.Form.pdf](#)

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Attached for filing, please find Lower Florence County Hospital District's Notice of Appeal, Certificate of Service and Transcript Request Form. The originals, along with the filing fee of \$250 will be hand delivered to your office this afternoon.

Thank you  
Ann Shuler

**Ann Shuler**  
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