Exhibit F

Case No.: 20-00027			Invoice of Fees for					
Date of Invoice:		⊢ F	Freedom of Information Act		Act			
11/19/2019			Services		DEPARTMENT OF HEALTH & HUMAN SERVICES			
Requester's Name, Organization, and Address:				Instructions:				
Robert Olson William J. Olson, PC				 Please write the case number, shown at the top of this form, on your check or money order. 				
370 Maple Avenue West, Suite 4 Vienna, Virginia 22180-5615				Make your check or money order payable to: United States Department of Treasury.				
wjo@mindspring.com				Return one copy of this form with your remittance.				
				4. Mail to: CDC/ATSDR Freedom of Information Act (FOIA) Office 1600 Clifton Road				
Category:				MS D-54 Atlanta, GA, 30329				
11					nt is due within 30 days from the date of this invoice. will be charged after the due date.			
Service			No. of Items or Hours	Price per Item or Hour	Subtotal	Allowance (if applicable)	Total	
Reproduction	Standard Pages (8 1/2 x 11) or (8 1/2 x 14)			\$.10/Page		100 Free Pages		
	Other Reproduction							
Search Costs	Rate 1 (GS 1-8)			\$23.00/hr.				
	Rate 2 (GS 9-14)		79.00	\$46.00/hr.	\$3,634.00		\$3,634.00	
	Rate 3 (GS 15 & above)		30.00	\$83.00/hr.	\$2,490.00	\$166.00	\$2,324.00	
Review Costs	Rate 1 (GS 1-8)			\$23.00/hr.				
	Rate 2 (GS 9-14)			\$46.00/hr.				
	Rate 3 (GS 15 & above)			\$83.00/hr.				
Computer Costs	Machine Time, Materials							
	Operator's Time or Search Time	Rate 1		\$23.00/hr.				
		Rate 2		\$46.00/hr.				
		Rate 3		\$83.00/hr.				
Certification				\$10.00 /ea.				
Special Mailing	g Charges							
				Pay Total of ———			\$5,958.00	
Person Preparing Invoice Leigh Davidi				Phone No. (770) 488-6399				
Notes				<u>I</u>		L		
Subject matter: Start Talking. Stop HIV video series.								