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PERSONAL INJURY ▪ FAMILY LAW ▪ CRIMINAL DEFENSE ▪ BUSINESS MATTERS

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January 21, 2010

Via Certified Mail Return Receipt
No.: 7009 0080 0002 2564 9943

Mary Cole
Nationwide – Allied Property & Casualty
One Nationwide Gateway, Department 5575
Des Moines, Iowa 50391-5575

Re:	**Our Client**	**:**	**Jane Doe**
	Date of Injury	**:**	**November 12, 2008**
	Location of Injury	**:**	**Sac'n'Pac Store #701 – Manchaca, Texas**
	Your Insured	**:**	**Centex Beverage, Inc.**
	Claim Number	**:**	**78 42 PE 032472 11122008 51**

NOTICE: Pursuant to Texas Rule of Evidence 408, this letter constitutes a confidential and inadmissible offer to settle a claim.

Dear Ms. Cole:

In an effort to resolve the above-referenced claim amicably, our firm hereby submits the following demand on behalf of our client:

FACTS

On November 12, 2008, just after 9:00 a.m. on a Wednesday morning, our client, Ms. Jane Doe, was a customer entering the Sac'n'Pac convenience store (Store #701), located at 2120 F.M. 1626, Manchaca, Texas 78652. Ms. Doe was intending to fill up her mug of morning coffee before heading into work.

During this time period, two employees of your insured (Miller Beer distributors / Centex Beverage, Inc.) were carting cases of beer into the store. Because of their negligence, a case fell, causing one of the beers to break open and spill on the floor. Because of their cursory and ineffective job at wiping up the spilled beer, and not placing adequate warning signs or obstructions around the spill area, our client slipped and fell and badly injured herself.

For the exact sequence of events, please review the following summary, which is exactly consistent with the time index on the Sac'n'Pac in-store video camera footage (a copy of which is also enclosed with this correspondence):

9:02:41 a.m. (Tape begins) Miller employees are carting cases of beer into the store.

9:02:55 a.m. Ms. Doe walks into the store with coffee mug in hand, to go fill it up.

9:04:25 a.m. While carting another stack of cases into the store, one Miller employee spills a case of beer, causing a can of beer to burst open.

9:04:33 a.m. Miller employee begins wiping up the spill, with what appear to be either paper towels or rags.

9:05:12 a.m. The Miller employee gets up, apparently "finished" with cleaning up the spill. At this same time, another store customer (male) is paying for his items and checking out. Because the Miller employee is still physically present in the area, the customer can see something was going on, and he can walk around the Miller employee to safely avoid the spill area.

9:05:52 a.m. Ms. Doe arrives from the back of the store (where the coffee canisters are) and gets to the counter to pay for her coffee. She pays, and then turns to walk out of store. During this time period, the Miller employee has already walked back out to continue carting in cases of beer, so he is not present for Ms. Doe to be aware of. He also has left no wet floor sign or other warning marker in the area.

9:06:06 a.m. At precisely this moment, Ms. Doe badly slips and falls on the remaining spilled/wet area. When a Miller employee walks back into the store, he sees what has happened and comes forward to help. The Sac'n'Pac counter employee also races around the counter to come out and help Ms. Doe. She is helped to her feet and guided to sit in a chair to the left of the entrance/exit to store (outside of video frame now).

9:08:31 a.m. Only now does a Miller employee begin a thorough clean-up of the spill area with a mop, something he should have done in the first place before going back out to cart in new cases of beer.

9:09:35 a.m. After mopping for a little over a minute, the Miller employee now places a wet floor warning sign; again, something he should have done right after the spill.

9:10:17 a.m. Miller employee places another yellow warning cone in the area.

9:17:23 a.m. During the past ten minutes, Ms. Doe has been sitting and collecting herself in the chair (out of video frame). She has also been providing information to the Sac'n'Pac employees for them to fill out the incident report. At this precise time, she walks to the front door to walk out of the store, accompanied by her son-in-law, who had been waiting inside the car and had come in to see what the delay was. As Ms. Doe is walking out of the store, she is walking noticeably slower, with a guarded, limping gait.

In addition to the above, here are certain events and circumstances which took place which of course cannot be captured on the silent video camera footage:

As Ms. Doe lay on the floor in a daze and in immediate pain, the Miller employee who first came rushing up to her (a young-looking man with a stocky build, Caucasian, with a goatee) spontaneously uttered, "Oh, my God! Are you okay? We spilled some beer, it should have been cleaned up." The other Miller employee, in the process of helping with clean-up, even pointed to the beer can (which had rolled under the beer barrel cooler next to the cash register counter) and said, "Look, there's that beer can right there."

According to the Customer Accident/Injury Report (a copy of which is also enclosed), the Miller Beer delivery employees' names were Billy Smith and Kyle Green. They volunteered their statement on the form, which was:

> "Droped [sic] a case of beer by front door. Was picking up the broken beer when customer had walk [sic] into a wet spot and fell."

By their own admission, therefore, they had not done an adequate job cleaning or wiping up the spill; there was still a prominent "wet spot."

The two Sac'n'Pac employees who witnessed the incident and assisted Ms. Doe (and also filled out the incident report form) were Laura White (the store manager) and Dalia Brown (an employee).

LIABILITY

As the above circumstances make clear (and as is captured on both the video camera footage and in the written statement of the Miller employees), this is a straightforward case of negligence against your insured (Miller / Centex), for its employees' acts and omissions with regard to the spill. This is not a case of premises liability, either in whole or in part, as to the Sac'n'Pac store. The reasons are as follows:

a) It was the negligence of the Miller employee in not properly stacking the beer cases and/or not carefully handling the cart, which caused a case to fall off in the first place;

b) The Miller employee spent exactly 39 seconds wiping the spill (from 9:04:33 a.m. to 9:05:12 a.m.), and doing so by hand, with what appear to be paper towels or rags, which was both an inadequate amount of time and an inadequate method of thoroughly cleaning up the spill;

c) The Miller employee also did not place any wet floor sign or warning marker of any kind in the area to begin with;

d) The Miller employee then left the area and resumed carting in cases of beer, which was very careless and negligent in light of the wet area that needed to be either cleaned or appropriately marked;

e) Only after Ms. Doe's fall did the Miller employee take the situation seriously enough to get a mop (which should have been done in the first place), and then begin thoroughly mopping, for more than a full minute; and,

f) Only after the fall did he take the situation seriously enough to put down a wet floor sign (at 9:09:35 a.m.) and then, 42 seconds later (at 9:10:17 a.m.), another warning cone.

The negligence of your insured's employees proximately caused serious injuries to our client, as a result of which she eventually required surgery and suffered substantial losses in terms of medical expenses, work time, physical mobility, and enjoyment of life.

INJURIES

Ms. Doe recalls falling down with a twisting motion of her left leg, and shooting out her right arm and hand to try and brace her fall as she was going down. The initial pain she reported to the Sac'n'Pac employees, who were filling out the incident report, was right elbow and hand pain, as those upper extremities were what manifested immediate pain after the fall. However, after filling out the report and sitting down a while longer, she felt the onset of pain in the right shoulder, lower back, and knees. As evidenced on the in-store video camera footage, her gait walking out of the store with her son-in-law was guarded, hunched in the shoulders, and limping.

Ms. Doe is a licensed vocational nurse (LVN), employed by the Life Made Easy home health care clinic, responsible for coordinating care for residential patients. Her job was both physically and mentally demanding, as she was responsible for instructing the nurses in home care and therapy techniques, coordinating and assigning nurses to go out to various patients' residences, teaching, and office administrative work. She went into her office that day and did her best to go on with work.

However, by approximately 2:00 p.m. that afternoon, the pains in her right shoulder, knee, and back were becoming unbearable. She took leave for the afternoon and went to see her primary care physician, Dr. L. E. Arnold, at his clinic in south Austin. Dr. Arnold took note of her history of falling earlier that day; he also palpated her areas of pain complaint and performed range of motion testing exercises. In his opinion, she had soft tissue injuries of the right shoulder, lower back, and left knee. He prescribed her Hydrocodone for potent pain relief, as well as a Medrol Dosepak to help combat the inflammation and swelling in her shoulder and knee. He also instructed her in some therapeutic home exercises, and recommended a referral to a physical therapy clinic that could treat her 1-2 times a week for about a month or so.

As luck would have it, Ms. Doe was already scheduled to be leaving town on November 13, for a week's vacation in Orlando, Florida. She was to meet up with two friends (Kathy Stevens and Sherri Beard) and their children, to go to Disney World, among other things. Her one-week vacation in Florida was quite miserable and ruined by her injuries. By the end of the day each day, her knee and back were in extreme pain. At some points, she even had to ride the motorized scooters (designed for the elderly and handicapped) around the theme parks, just to take the weight and pressure off her injured joints. Her two adult friends were witness to all of this, and are perfectly willing to testify as to Ms. Doe's condition during the trip:

- Kathy Black: (512) xxxxxxx
- Sherri Blue: (309) xxxxxxx

When she returned to town, Ms. Doe tried her best to manage her symptoms with the pain relief and anti-inflammatory prescription medications, as well as with rest, ice and heat, and massage and stretching exercises at home. As it was now approaching the holidays (Thanksgiving, followed by Christmas and New Year's), she spent most of the time with her family (daughter and son-in-law, Bill and Barb Dale, and significant other, John Milk) and tried her best to take her mind off her persistent (and worsening) symptoms

By the start of the New Year (2009), the pain had persisted long enough that she went back for a follow-up visit to Dr. Arnold, on January 6. He noted her continuing pain symptoms, renewed her prescriptions, and again referred her to undergo physical therapy, this time specifically suggesting the St. David's Pavilion outpatient therapy department.

However, two things caused Ms. Doe not to proceed with starting physical therapy at St. David's. First, she called to find out their charges, as well as what her health plan would cover, and learned that her deductible and co-payments would be too high for her budget. Second, her job at Life Made Easy was not entirely secure; there had been recent staff layoffs at her office, and she strongly preferred not to put herself "on the radar" by scheduling frequent time off from work to go to regular therapy appointments, etc. As a matter of fact, in order to protect herself against the threat of layoffs, Ms. Doe was forced to take a second job with Texas Home Health, which allowed her to work part-time flex hours and do some work from home, in order to supplement her income. She began this second job on Monday, February 23.

By the end of February, Ms. Doe could stand the pain in her knee no more. She went on her own to see a specialist, Dr. Joseph T. Powell, a Board Certified physical medicine and rehabilitation physician, on March 2. Upon testing, it appeared that her right shoulder had improved quite a bit and only had some pain at the very endpoint of hyper-abduction. Of primary concern was the left knee, which demonstrated positive signs of meniscus injury on specific range of motion testing. Dr. Powell's first recommendation was that she undergo an MRI to assess the injury to the knee, and then start a course of physical therapy at the Wellness Matters Physical Therapy clinic.

On March 6, she underwent the MRI of her left knee at River Ranch Radiology, which demonstrated some clear objective findings. Obviously, due to her weight and age, there were already some pre-existing degenerative / arthritic changes in the knee, including full-thickness articular cartilage loss in the medial aspect of the knee, and also substantial loss of cartilage thickness in the patello-femoral joint. However, there were also objective signs of traumatic injury to the knee, which would explain her difficulties with walking, bending, and prolonged standing since the November fall. Specifically, there was marked "maceration" of the medial meniscus, fibrillation (i.e., fraying of the fibers) on the posterior horn of the medial meniscus, and a tear along the inferior articular surface of the ligament. Furthermore, there was also noted to be joint effusion (i.e., swelling), a tell-tale sign of traumatic injury to a joint.

Fortunately for her, the financial arrangements set up by the Wellness Matters Physical Therapy clinic made it much easier for her to attend. She reported to the clinic on March 9 for first evaluation and plan of care. On that visit, under the care and supervision of a licensed physical therapist, Parvin Kavehkar, P.T., she underwent detailed therapeutic evaluation and testing. Her left knee flexion was significantly worse than right knee, and the joint effusion in the left knee was objectively assessed by measurements of 49 centimeters around the left knee joint line, versus 47 centimeters around the right knee. She was suffering decreased strength, swelling, and tenderness to palpation in the left knee, which was altering knee function and making it difficult for her to do her activities of daily living and especially her work, which required a great deal of kneeling, walking, and stair-climbing. She was set up on a reasonable and conservative regimen of therapy, focusing on manual therapy on the knee, instruction in therapeutic exercises, neuro-muscular re-education, and a home exercise program.

On March 16, she returned for follow-up to Dr. Powell, who noted the maceration of the medical meniscus on the MRI report, and advised her to consult with an orthopedic specialist, Dr. Richard Schram, regarding this issue. He recommended she continue with the scheduled therapy and take the medications as needed, and return for follow-up in about three weeks.

On March 19, she went in for the recommended visit to Dr. Schram, at the Cypress Creek Orthopedic & Sports Medicine clinic. He took note of her history of left knee pain for four months (since the fall injury), as well as her physical therapy and ice treatment since then. There was continuing tenderness along the joint line, both medial and lateral, but primarily medial. Dr. Schram administered a cortisone injection in the left knee in order to see what kind of relief she could achieve, and then scheduled her to return in three weeks to assess progress.

In her subsequent therapy visits at Wellness Matters, she reported feeling better in the left knee after the cortisone injection. On March 25, there was improved range of motion in the knee, but still difficulty and weakness in weight-bearing exercises. As of April 3, it felt as though the effects of the injection had "worn off," but she was still conscientiously performing her home exercise program. Her exercises were improving and reducing her pain levels, but there was still pain, weakness, and difficulty with weight bearing.

On April 6, she got a refill of Naproxen from Dr. Powell, which helped to control her pain, and allowed her to exert herself more in the therapeutic exercises. Her April 6 and April 8 therapy visits noted that she had joined a gym and was conscientiously working on her home exercise program, and seeking to lose weight to help take pressure off the knee. Upon Dr. Powell's recommendation, she could discontinue her in-office therapy appointments, continue with her home exercise plan and gym activities, and follow up with Dr. Schram for further care on the knee.

She had a follow-up with Dr. Schram on April 16, at which time she was reporting symptoms at the same level as before. She was still tender at the joint line. Because the effects of the cortisone injection had worn off so quickly, Dr. Schram now performed a Supartz injection, with the intention of improving the cushioning and lubrication of the joint fluid in Ms. Doe's knee. He then scheduled her to follow up in three weeks to assess progress.

This conservative treatment plan continued for about two months. On a follow-up visit on May 7, she was reporting her knee symptoms being better. On this visit, Dr. Schram took Ms. Doe through some therapeutic exercises on her knee, and then administered a repeat Supartz injection. She was again scheduled to come back in three weeks to check progress. On June 4, her symptoms were about the same, and Dr. Schram did a third (and what would turn out to be last) Supartz injection.

On her return visit of June 22, Ms. Doe reported feeling worse in the left knee. Her knee flexion capabilities had reduced 20 degrees, and there was re-emergence of varus alignment in the knee as well as tenderness along the medial joint line. At this point, Dr. Schram was of the opinion that conservative care could not appreciably resolve her long-standing left knee problems, and he recommended that she undergo left knee total arthroplasty.

On July 20, Dr. Schram performed the delicate procedure at Northwest Hills Surgical Hospital. She was placed under general anesthesia, and Dr. Schram then proceeded to perform the knee joint arthroplasty, posterior ligament release, and lateral retinacular release. She remained at Northwest Hills for three days of recovery, under observation. On July 23, she was discharged to home, but naturally, after such an invasive procedure, she was home bound and required home therapy visits for a good while after.

From July 24 through August 20, she was taken care of at her home by skilled nurses and therapists from Gilead Home Health Care, as part of the long and painful process of rehabilitation after knee joint replacement. During this time, she was in frequent and extreme pain, both from the underlying implantation of the artificial knee joint and from the surgical incision site itself. In addition to taking her regular prescription pain medications, she could only ambulate at home with a wheelchair and then, eventually, a walker. She had to regularly exercise and flex the knee joint with a passive-movement machine, which also caused her great pain, but which was necessary in order to prevent atrophy in the knee joint and surrounding muscles, and to allow acclimation of the new knee joint. She was also in constant need of icing the joint to bring down swelling and to numb the pain.

During this time, she had post-operative follow-up visits to Dr. Schram, the first one being on August 3. Due to the fresh surgical incision and post-surgical pain, her flexion capability in the left knee was only 80 degrees. However, she was in stable condition, with no apparent surgical complications. Dr. Schram then re-checked her on August 17. On this visit, her flexion capability was still 80 degrees. He performed some gentle therapeutic exercises on the knee while in office, in order to instruct her in what she needed to do to continue rehabilitation and make full use of her knee joint.

By August 20, the Gilead nurses and therapists felt Ms. Doe had diligently worked and met all goals of the home care. She had been properly instructed in wound care and dressing, and no secondary infections at the wound site had developed. She had worked to achieve all goals of exercise and mobility enhancement, and was now cleared to begin outpatient rehabilitation and therapy.

On August 31, she reported to the clinic of Ergo Wellness Physical Therapy, under the care and supervision of Lynn Jackson, P.T. At the initial evaluation, Ms. Doe reported feeling a "band of tightness" both above and below the knee, with pain more pronounced on the medial side (the same side as before the surgery and ever since the November 2008 fall injury). Swelling and warmth were objectively detected in the soft tissues surrounding the knee, though the incision site itself was healing well. She was tender in the medial aspect of the knee, and reporting difficulty walking any kind of distance, as well as sitting for more than 30 minutes before feelings of increased pain and stiffness would develop. At this time, she was using a single cane. She was set up on a reasonable treatment plan of twice a week therapy for four weeks, with emphasis on aquatic therapy at the facility's pool, which of course provided a no-impact opportunity to rehabilitate the knee joint and leg.

Her first sets of therapy visits were from September 3rd through the 14th, after which she went in to Dr. Schram for a follow-up. He noted that her knee flexion had increased to 100 degrees, which was a positive sign, and cleared her to continue with the physical therapy at Ergo, with a re-check visit to him in two months. As of September 16, she voiced her desire to her therapist to start back up at work, to which there was no objection, provided she did not over-tax her body and set back her progress.

Her therapy visit of September 21 indicated that it was also her first day back at work (part-time, not full day), and that it had caused increased knee pain and swelling. At this point, her therapist re-evaluated and recommended she do at least another four weeks of therapy, as it was obvious she needed more help to transition back into full-time work activities.

Over the next week, she worked diligently at improving her range of motion (primarily flexion) in the knee and performing all exercises. Her visit of September 28 indicated that she had now tried to up her work day to six hours (still not full-time, but more than before). By October 15, there was the very positive sign that she was for the first time able to get into a kneeling position with the left knee. By October 21, it was noted that she was walking without a cane, slowly and gingerly, and had an easier time getting her knee under her desk now at work. She was working almost full-time by this point (6+ hours per day, but not yet 8). She still had to take her pain medications twice a day to control the flare-ups.

By early to mid-November, she was down to taking the medications 1-2 times per day, and the swelling in the knee had gone down quite a bit. Her re-check appointment with Dr. Schram on November 23 showed that her knee flexion was at about 100 degrees, still not yet up to 120. He felt she could be released from further follow-up appointments with him, but that she should continue with her therapy plan of care. He also released her to go back to full time (8+ hours per day) work.

She also underwent a therapeutic evaluation that same day, where it was noted that her knee flexion was at 95 degrees, with specific documentation of swelling (51.6 cm around the left knee) being less than her last evaluation of 53 cm on October 21, but certainly still noticeably present. Her progress toward increasing strength and decreasing swelling had been good, but her difficulty with improving upon the approximately 100 degree flexion level was noted. She was re-evaluated to undergo another four (4) weeks of formal in-office therapy.

Ms. Doe diligently continued not only with her home exercise program, but also her pool visits, and her in-office therapy, for the next three (3) weeks. However, by December 16, the most worrisome development was that her health insurance carrier informed her that at the start of the new year, her deductible would reset and she would have to pay for visits out of pocket until the deductible was met again. She was in no financial shape whatsoever for this new set of expenses. As of December 16, 2009 she requested that she be released to continue pursuing aquatic therapy on her own, rather than formally under the care of a physical therapist.

Ms. Doe continues to do pool exercises and her home therapeutic exercise regimen on a diligent basis, attempting to keep down her joint swelling, improve her mobility, increase her strength, and rehabilitate herself to a full level of functionality.

DAMAGES

As a direct and proximate result of your insured's negligence, our client has incurred the following economic damages:

Medical Expenses

1.	L. E. Arnold, M.D.	$ 160.00
2.	Joseph T. Powell, M.D.	$ 462.00
3.	River Ranch Radiology	$ 1,804.75
4.	Wellness Matters Physical Therapy	$ 1,640.00
5.	Cypress Creek Orthopedics & Sports Medicine	$ 10,125.00
6.	Northwest Hills Surgical Hospital	$ 44,016.28
7.	Capitol Anesthesiology Association	$ 2,945.00
8.	Gilead Home Health Care	$ 3,420.00
9.	Ortho Plus, Inc.	$ 1,274.00
10.	Ergo Wellness Physical Therapy	$ 3,766.00
11.	Prescription Rx	$ 374.04
	Total Medical Expenses:	**$ 69,987.07**

Lost Wages

1.	Life Made Easy Home Health	$ 4,316.10
	Total Lost Wages:	**$ 4,316.10**

As discussed in the narrative above, our client is, and has been at all times relevant to this case, a licensed vocational nurse (LVN) with the Life Made Easy Home Health clinic. According to the very detailed documentation prepared by her supervisor and enclosed herein, she had a very regular earnings and work history (employed there since February 26, 2008) prior to this injury, earning a two-week gross paycheck of $1,615.38.

As a result of her surgery and very involved recovery time at home, plus her post-surgical rehabilitation and therapy, she missed a total of 213.75 hours of work. Divided by 80 hours (a standard two-week pay period), and then multiplied by the above-mentioned rate of pay, this yields the gross lost wages figure of $4,316.10, stated above.

Summary:

Words cannot begin to convey what a long, very painful, and frustrating period of orthopedic treatment, pain medications, physical therapy, radiology, ultimately surgery to replace her knee joint, and then an even more painful period of post-surgical rehabilitation, therapy, and medication, that Jane Doe has had to endure.

None of this would have occurred but for the negligence of your insured. Although her knee joint obviously showed some degenerative changes that were present prior to the fall, she never had any such sharp, stabbing pain, and ligamentous instability problems, in the knee prior to this fall. All the medical evidence, therefore, points to the fact that this fall so badly aggravated her pre-existing condition that surgery was required as a result.

Furthermore, her rehabilitation ordeal is far from over, as she still has not regained full flexion capability in the new knee joint, and is still doing regular aquatic therapy and home exercises on her own. Her orthopedic physician feels she will need to do this regularly for approximately another full year in order to regain full mobility and functionality in the knee, and increase flexion to the target number of 120 degrees.

She therefore has not only a great deal of past medical expenses, but also continuing future pool therapy expenses. She is physically impaired and will continue to be so for the reasonably foreseeable future. She has also lost a great deal of work and wages due to this ordeal. She also has a permanent scar on the knee from undergoing the joint replacement surgery. Lastly, she continues to have to do home exercises on a regular basis, which she did not require at all prior to this fall caused by your insured's negligence.

In any case, she is prepared at this time to submit the following demand:

DEMAND

Based on Ms. Jane Doe's aforementioned economic damages (past and future medical expenses, and past lost wages), as well as on her past and future physical impairment, past and future physical disfigurement, past and future pain and suffering, and past and future mental anguish, demand is hereby made for **$175,000.00 or the policy limits**, whichever is less, in exchange for a full and final release of all claims against your insured.

As authorized by *Allstate Ins. Co. v. Kelly*, 680 S.W. 2d 595 (Tex. Civ. App.–Tyler 1984, writ ref'd n.r.e.), this offer of settlement will remain open for fifteen (15) days after your receipt of this letter. Because of the substantial probability a verdict would exceed $175,000.00 or the policy limits, whichever is less, based upon material furnished to you in support of this demand, should we subsequently proceed to trial and obtain a judgment in excess of the policy limits, your insured will be expected either to pay the excess or promptly take action against your company for the full amount of the judgment, including pre-judgment interest, as authorized by *G.A. Stowers Furniture Co. v. American Indemnity Co.*, 15 S.W. 2d 544 (Tex. Comm'n App. 1929, opinion adopted) and *Cavnar vs. Quality Control Parking,* 696 S.W.2d 549 (Tex. 1985).

ENCLOSURES

In order to assist you in evaluating this claim, we have enclosed the following items:

(a) A DVD-ROM containing the entire Sac'n'Pac in-store video camera footage of this incident; and,
(b) A CD-ROM containing:
    (i) The Sac'n'Pac Customer Accident/Injury Report (including the statement of your insured's two delivery employees);
    (ii) All medical records and itemized bills for our client's treatment; and,
    (iii) Documentation of our client's lost income, including her business card and detailed forms signed by her supervisor, pertaining to her lost time and wages subsequent to this incident.

We look forward to working with you to resolve this matter promptly.

Sincerely yours,

Ali A. Akhtar
Attorney at Law

Austin Office
AAA/ns
Enclosures