

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$11,775,000

Michigan State Hospital Finance Authority

Hospital Revenue Bonds, Series 2005A

Hills and Dales General Hospital Obligated Group

Provide nine-digit CUSIP* numbers if available, to which the information relates:

59465HCD6

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

Other Obligated Person's Name (if any): _____

(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer: _____

*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

TYPE OF FILING:

Electronic (number of pages attached) 9 Paper (number of pages attached) _____

If information is also available on the Internet, give URL: www.firstriver.com

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$1,775,000

County of Tuscola Hospital Finance Authority

Hospital Revenue Refunding Bonds, Series 2006A

Hills and Dales General Hospital Obligated Group

Provide nine-digit CUSIP* numbers if available, to which the information relates:

900777AE3

900777AF0

900777AG8

900777AH6

900777AJ2

900777AK9

900777AL7

900777AM5

900777AN3

900777AP8

900777AQ6

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

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TYPE OF FILING:

Electronic (number of pages attached) 9 Paper (number of pages attached) _____

If information is also available on the Internet, give URL: www.firstriver.com

WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Quarterly or Monthly Financial Information and Operating Data
(Financial information and operating data should not be filed with the MSRB.)

Period Covered: April – June 2010 (FY2010Q3)

F. Other Secondary Market Information (Specify): _____

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

Issuer Contact:

Name _____ Title _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Email Address _____ Issuer Web Site Address _____

Dissemination Agent Contact, if any:

Name Shelley I. Aronson Title President
Employer First River Advisory I.L.C.
Address 2640 Override Drive City Ann Arbor State MI Zip Code 48104
Telephone (734) 761-3624 Fax (734) 761-3614
Email Address aronson@firstriver.com Relationship to Issuer Dissemination Agent

Obligor Contact, if any:

Name Michael I. Falatko Title President and Chief Executive Officer
Employer Hills & Dales General Hospital
Address 4675 Hill Street City Cass City State MI Zip Code 48726
Telephone (989) 912-6240 Fax (989) 872-3820
Email Address mfalatko@hillsanddales.com Obligor Web Site Address www.hillsanddales.com

Investor Relations Contact, if any:

Name _____ Title _____
Telephone _____ Email Address _____

HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP

4675 HILL STREET
CASS CITY, MI 48726

OFFICER'S CERTIFICATE

DATED: AUGUST 17, 2010

This Officer's Certificate is delivered pursuant to:

- Section 5.10(d) of the Loan Agreement between Hills & Dales General Hospital (the Corporation) and the Michigan State Hospital Finance Authority (the State Issuer), dated as of December 15, 2005 (the 2005 Loan Agreement), delivered in connection with the Issuer's Hospital Revenue Bonds, Series 2005A (the Series 2005A Bonds);
- Section 3.07(d) of the Trust Indenture the Corporation and Wells Fargo Bank, N.A. as Trustee, dated as of December 15, 2005 (the 2005 Taxable Indenture), delivered in connection with the Corporation's Taxable Hospital Revenue Refunding Bonds, Series 2005 (the Series 2005 Taxable Bonds); and
- Section 5.10(c) of the Loan Agreement between the Corporation and the County of Tuscola Hospital Finance Authority (the County Issuer), dated as of January 25, 2006 (the 2006 Loan Agreement), delivered in connection with the Issuer's Hospital Revenue Refunding Bonds, Series 2006A (the Series 2006A Bonds).

All capitalized terms used herein are as defined in the documents cited above, or in a Master Indenture and Security Agreement between the Corporation and Wells Fargo Bank, N.A. as Master Trustee, dated as of December 15, 2005, or in other documents delivered in connection with the Series 2005A Bonds, the Series 2005 Taxable Bonds or the Series 2006A Bonds.

Pursuant to Section 5.10(d)(i) of the 2005 Loan Agreement, Section 3.07(d)(i) of the 2005 Taxable Indenture, and Section 5.10(d)(i) of the 2006 Loan Agreement, attached are internally-prepared quarterly financial statements for the Fiscal Year quarter ended June 30, 2010, including a balance sheet as of such date and a statement of activities and changes in Net Assets for such quarter (the Quarterly Financial Statements).

Pursuant to Section 5.10(d)(ii) of the 2005 Loan Agreement, Section 3.07(d)(ii) of the 2005 Taxable Indenture, and Section 5.10(d)(ii) of the 2006 Loan Agreement, attached are service volume and utilization data for the Fiscal Year quarter ended June 30, 2010.

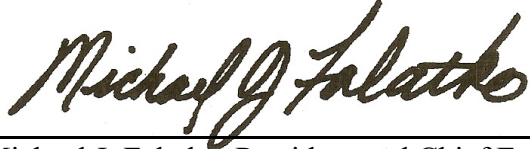
Pursuant to Section 5.10(d)(iii) of the 2005 Loan Agreement, Section 3.07(d)(iii) of the 2005 Taxable Indenture, and Section 5.10(d)(iii) of the 2006 Loan Agreement, the undersigned certifies that:

1. I am the Chief Executive Officer of the Corporation and duly authorized to deliver this Officer's Certificate;
2. the Quarterly Financial Statements have been prepared on substantially the same accounting basis as the Obligated Group's audited financial statements for its Most Recent Fiscal Year; and
3. the Quarterly Financial Statements are, to the best of my belief, true and correct, but may be subject to audit and Fiscal Year-end adjustments.

In addition, pursuant to Section 5.10(d)(iv) of the 2005 Loan Agreement, Section 3.07(d)(iv) of the 2005 Taxable Indenture, and Section 5.10(d)(iv) of the 2006 Loan Agreement, management offers the following comments on the Obligated Group's financial condition and other matters:

1. Volumes continue to be down due to the economic recession and the serious illness of one of the Hospital's top referring physicians whose working hours have been limited significantly since early May. This physician is expected to be back to working a full schedule by August 2010. The Hospital also has at least one more physician spot to fill for a full complement of physicians for the Market Area's population. Management expects to have recruited that physician by the autumn of 2010.
2. The Hospital has successfully recruited an Internist, who is expected to commence practice in mid-October 2010. The Corporation hired an orthopaedic surgeon who began practice on July 6, 2010. These additional physicians are expected to increase activity levels among ancillary services and surgical procedures, resulting in increased revenue.
3. The Corporation has successfully restructured its participation in Thumb MRI, LLC. It now owns 10 percent of that joint venture. It is anticipated that cash flow from that entity will begin in October 2010. The Healthcare Corporation expects to realize approximately \$100,000 of income from that ownership stake in Thumb MRI for FY 2011.

4. In late April 2010, the Hospital reduced its workforce by approximately 15 percent, laying off 23 employees. In addition to some other expense reductions, the Corporation should achieve annual net savings of approximately \$875,000.

A handwritten signature in black ink, reading "Michael J. Falatko". The signature is written in a cursive style with a prominent initial "M".

Michael J. Falatko, President and Chief Executive Officer

HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP

Combined Balance Sheet

At June 30, 2010

	JUNE		CHANGE
	2010	2009	
Current Assets			
Cash and cash equivalents	761,637	2,263,953	(1,502,316)
Investments	2,696,471	634,419	2,062,052
Accounts receivable (less allowances)	1,011,746	(140,214)	1,151,960
Prepaid expenses and other	110,028	93,515	16,513
Inventory	297,028	318,474	(21,446)
Total Current Assets	4,876,910	3,170,147	1,706,763
Property and Equipment			
Plant, property and equipment	27,434,184	27,298,979	135,205
Less: accumulated depreciation	(15,150,508)	(14,019,856)	(1,130,652)
Total plant, property and equipment	12,283,676	13,279,123	(995,447)
Other Assets			
Equity investment in Northwood Meadows	339,318	339,318	0
Investment in land	733,440	733,440	0
Other	550,400	578,601	(28,201)
Total Other Assets	1,623,158	1,651,359	(28,201)
Restricted Assets			
Trustee-held funds	1,176,956	1,227,509	(50,553)
Trust investments pledged to Bank	500,000	500,000	0
Total restricted assets	1,676,956	1,727,509	(50,553)
Total Assets	20,460,700	19,828,138	632,562
Current Liabilities			
Current portion of long-term debt	50,944	27,574	23,370
Accounts payable	301,930	262,494	39,436
Accrued liabilities	1,214,920	1,457,286	(242,366)
Total current liabilities	1,567,794	1,747,354	(179,560)
Long-term Debt	14,102,822	14,372,921	(270,099)
Total Liabilities	15,670,616	16,120,275	(449,659)
Net Assets			
Unrestricted	4,290,084	3,207,863	1,082,221
Restricted	500,000	500,000	0
Net Assets before equity transfer	4,790,084	3,707,863	1,082,221
Equity transfer to parent	0	0	0
Total Net Assets	4,790,084	3,707,863	1,082,221
Total Liabilities and Net Assets	20,460,700	19,828,138	632,562

HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP
Combined Statement of Operations

	<u>MONTH ENDED JUNE 30, 2010</u>		<u>NINE MONTHS ENDED JUNE 30, 2010</u>	
	<u>THIS YEAR</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<u>LAST YEAR</u>
Unrestricted Revenue, Gains and Other Support				
Net patient service revenue	1,334,359	1,452,448	12,539,359	13,638,308
Other operating revenue	53,294	69,818	581,007	480,519
Total unrestricted revenue	<u>1,387,653</u>	<u>1,522,266</u>	<u>13,120,366</u>	<u>14,118,827</u>
Expenses				
Salaries and employee benefits	725,449	924,012	7,488,239	8,822,734
Operating supplies and expenses	278,041	326,879	2,828,483	3,196,884
Purchased services	120,662	105,952	1,123,771	841,676
Insurance	19,196	17,811	128,833	164,930
Depreciation and amortization	100,508	95,322	904,570	857,896
Provision for bad debt	63,943	134,989	664,918	763,348
Interest expense	77,534	70,174	713,916	628,205
Total expenses	<u>1,385,333</u>	<u>1,675,139</u>	<u>13,852,730</u>	<u>15,275,673</u>
Operating Income (Loss)	<u>2,320</u>	<u>(152,873)</u>	<u>(732,364)</u>	<u>(1,156,846)</u>
Non-Operating Revenue	<u>(14,016)</u>	<u>3,799</u>	<u>325,030</u>	<u>55,569</u>
Excess of Revenue over (under) Expenses	<u>(11,696)</u>	<u>(149,074)</u>	<u>(407,334)</u>	<u>(1,101,277)</u>
Equity Transfer	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Change in Net Assets	<u>(11,696)</u>	<u>(149,074)</u>	<u>(407,334)</u>	<u>(1,101,277)</u>

HILLS & DALES GENERAL HOSPITAL OBLIGATED GROUP
Consolidated Statement of Changes in Net Assets

	<u>MONTH ENDED JUNE 30, 2010</u>		<u>NINE MONTHS ENDED JUNE 30, 2010</u>	
	<u>THIS YEAR</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<u>LAST YEAR</u>
Net Assets on October 1, 2009	4,801,782	3,856,937	5,197,420	4,809,140
Change in Net Assets	<u>(11,696)</u>	<u>(149,074)</u>	<u>(407,334)</u>	<u>(1,101,277)</u>
Net Assets on June 30, 2010	4,790,086	3,707,863	4,790,086	3,707,863

**HILLS & DALES GENERAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSE**

	MONTH ENDED JUNE 30, 2010					NINE MONTHS ENDED JUNE 30, 2010				
	ACTUAL		BUDGET		VARIANCE	ACTUAL		BUDGET		VARIANCE
	AMOUNT	%	AMOUNT	%	AMOUNT	AMOUNT	%	AMOUNT	%	AMOUNT
PATIENT SERVICE REV:										
Routine Serv-Inpatient	92,598	6.94	138,541	8.89	(45,943)	953,918	7.62	1,250,023	8.89	(296,105)
Ancillary Serv-Inpatient	173,417	13.00	300,120	19.27	(126,703)	1,922,110	15.36	2,707,900	19.27	(785,790)
Outpatient Services	1,924,017	144.19	2,171,702	139.43	(247,685)	18,029,462	144.05	19,594,757	139.43	(1,565,295)
T.A.H.C.A.	0	0.00	0	0.00	0	(151)	(0.00)	0	0.00	(151)
TOTAL PATIENT SERV REV	<u>2,190,032</u>	<u>164.13</u>	<u>2,610,363</u>	<u>167.60</u>	<u>(420,331)</u>	<u>20,905,339</u>	<u>167.02</u>	<u>23,552,680</u>	<u>167.60</u>	<u>(2,647,341)</u>
DEDUCTIONS FROM REV	855,673	64.13	1,052,841	67.60	197,168	8,388,939	67.02	9,499,515	67.60	1,110,576
NET PATIENT SERV REV	<u>1,334,359</u>	<u>100.00</u>	<u>1,557,522</u>	<u>100.00</u>	<u>(223,163)</u>	<u>12,516,400</u>	<u>100.00</u>	<u>14,053,165</u>	<u>100.00</u>	<u>(1,536,765)</u>
OTHER OPERATING REV	51,262	3.84	51,645	3.32	(383)	581,007	4.64	465,986	3.32	115,021
TOTAL OPERATING REV	<u>1,385,621</u>	<u>103.84</u>	<u>1,609,167</u>	<u>103.32</u>	<u>(223,546)</u>	<u>13,097,407</u>	<u>104.64</u>	<u>14,519,151</u>	<u>103.32</u>	<u>(1,421,744)</u>
OPERATING EXPENSES:										
Salaries & Emp Benefits	725,449	54.37	894,787	57.45	(169,338)	7,488,239	59.83	8,126,623	57.83	(638,384)
Professional Fees	91,616	6.87	51,704	3.32	39,912	767,434	6.13	530,898	3.78	236,536
Contracted Services	29,046	2.18	35,037	2.25	(5,991)	356,337	2.85	326,499	2.32	29,838
Supplies	114,727	8.60	163,023	10.47	(48,296)	1,237,554	9.89	1,470,929	10.47	(233,375)
Depreciation	99,956	7.49	100,022	6.42	(66)	899,604	7.19	900,149	6.41	(545)
Repairs & Maintenance	28,227	2.12	36,791	2.36	(8,564)	289,825	2.32	331,953	2.36	(42,128)
Insurance	19,195	1.44	27,071	1.74	(7,876)	128,833	1.03	244,278	1.74	(115,445)
Interest	77,535	5.81	80,000	5.14	(2,465)	713,916	5.70	720,000	5.12	(6,084)
Bad Debts	63,943	4.79	64,061	4.11	(118)	664,918	5.31	578,009	4.11	86,909
Other Expenses	132,960	9.96	128,657	8.26	4,303	1,280,352	10.23	1,294,401	9.21	(14,049)
TOTAL OPER EXPENSES	<u>1,382,654</u>	<u>103.62</u>	<u>1,581,153</u>	<u>101.52</u>	<u>(198,499)</u>	<u>13,827,012</u>	<u>110.47</u>	<u>14,523,739</u>	<u>103.35</u>	<u>(696,727)</u>
EXCESS OF OPER REVENUE OVER OPER EXPENSE	<u>2,967</u>	<u>0.22</u>	<u>28,014</u>	<u>1.80</u>	<u>(25,047)</u>	<u>(729,605)</u>	<u>(5.83)</u>	<u>(4,588)</u>	<u>(0.03)</u>	<u>(725,017)</u>
NON-OPERATING REV:	73	0.01	6,572	0.42	(6,499)	265,427	2.12	59,293	0.42	206,134
NET INCOME BEFORE TRANSFER	<u>3,040</u>	<u>0.23</u>	<u>34,586</u>	<u>2.22</u>	<u>(31,546)</u>	<u>(464,178)</u>	<u>(3.71)</u>	<u>54,705</u>	<u>0.39</u>	<u>(518,883)</u>
Transfer to Parent	0	0.00	0	0.00	0	(2,000,000)	(15.98)	0	0.00	(2,000,000)
TOTAL REVENUE IN EXCESS OF EXPENSES	<u><u>3,040</u></u>	<u><u>0.23</u></u>	<u><u>34,586</u></u>	<u><u>2.22</u></u>	<u><u>(31,546)</u></u>	<u><u>(2,464,178)</u></u>	<u><u>(19.69)</u></u>	<u><u>54,705</u></u>	<u><u>0.39</u></u>	<u><u>(2,518,883)</u></u>

HILLS & DALES GENERAL HOSPITAL
SERVICE VOLUME AND UTILIZATION DATA
FY2010Q3

<i>Historical Acute Care Utilization</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Days in Period	273	273	365	366	365	365	365
Licensed Beds	25	25	25	25	25	25	25
Staffed Beds	25	25	25	25	25	25	25
Admissions	329	406	515	646	687	628	761
Patient Days	933	1,129	1,431	1,952	1,906	1,636	2,068
Average Daily Census	3.4	4.1	3.9	5.3	5.2	4.5	5.7
Average Length of Stay	2.8	2.8	2.8	3.0	2.8	2.6	2.7
Occupancy Rate ¹ (%)	13.7	16.5	15.7	21.3	20.9	17.9	22.7

¹ Based on Staffed Beds

<i>Historical Outpatient Services Volumes</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Emergency room visits	3,412	3,372	4,529	4,820	4,933	5,153	5,251
Home Care visits ¹	0	6,625	7,119	12,472	12,440	11,358	13,046
Employed physician practice visits	12,900	12,657	16,905	16,475	16,927	18,678	20,704

¹ Service discontinued on August 1, 2009

<i>Historical Ancillary Services Volumes Provided to Inpatients</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Laboratory procedures ¹	4,425	5,964	7,483	10,245	39,023	34,781	39,419
Radiology procedures	317	359	468	593	577	550	687
CT scan procedures	85	108	131	198	148	168	224
Ultrasound procedures	151	149	191	347	240	191	249
Nuclear medicine procedures	13	14	19	22	18	10	15
Respiratory procedures	8,056	7,503	9,366	12,745	13,517	12,376	16,871
Electrocardiograms	441	543	654	972	1,103	1,036	1,358

¹ The method of counting laboratory procedures was changed during FY2008, with conforming changes made to prior periods.

<i>Historical Ancillary Services Volumes Provided to Outpatients</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Laboratory procedures ¹	44,270	45,211	60,522	66,205	174,417	182,999	187,411
Radiology procedures	4,320	5,003	6,500	7,458	7,313	7,442	8,014
CT scan procedures	1,682	1,894	2,568	2,736	2,307	1,576	1,833
Ultrasound procedures	1,494	1,468	1,939	2,041	2,006	1,764	1,939
Nuclear medicine procedures	304	357	466	519	599	581	708
Bone Density examinations	131	148	190	202	183	117	
Respiratory procedures	9,383	7,840	10,935	11,404	12,605	12,544	11,943
Electrocardiograms	774	733	965	1,099	1,220	1,245	1,131
Electroencephalograms	112	106	135	112	139	132	119

¹ The method of counting laboratory procedures was changed during FY2008, with conforming changes made to prior periods.

<i>Historical Outpatient Therapy Volumes</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Physical Therapy procedures:							
Cass City	2,488	2,752	3,717	3,879	3,578	3,920	3,573
Caro	4,044	4,250	5,538	5,901	6,831	6,856	5,010
Total Physical Therapy	6,532	7,002	9,255	9,780	10,409	10,776	8,583
Occupational Therapy procedures:							
Cass City	229	148	249	527	403	607	507
Caro	330	238	286	315	250	563	422
Total Occupational Therapy	559	386	535	842	653	1,170	929
Speech Therapy procedures:							
Cass City	26	42	54	22	27	2	73
Caro	39	6	6	57	58	10	1
Total Speech Therapy	65	48	60	79	85	12	74

<i>Historical Surgery Volumes</i>							
	<i>Nine Months Ended June 30</i>		<i>Fiscal Years Ended September 30</i>				
	<i>2010</i>	<i>2009</i>	<i>2009</i>	<i>2008</i>	<i>2007</i>	<i>2006</i>	<i>2005</i>
Inpatient procedures	63	118	132	174	156	187	260
Outpatient procedures	677	659	823	1,044	1,164	1,186	1,273
Total procedures	740	777	955	1,218	1,320	1,373	1,533
Percentage Outpatient	91.5%	84.8%	86.2%	85.7%	88.2%	86.4%	83.0%