# 缴费通知书

代树鸣

3205010120220424168115

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| **公证事项** | **费用类型** | **应收金额** | | |
| 出生 | 公证费 | | 500.00 | |
| 总计： 500.00 | | | | |
| 公证人: | | | |  |