



Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6672304-02-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Richard G. Garcia, Esq.
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900
San Francisco, CA 94111

Ship To: Richard G. Garcia, Esq.
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Rob Sumagang CASE TITLE: Rob Sumagang / ALW Enterprises CASE NUMBER: BCV-21-102224-JEB	FIRMS NUMBER: 7264-70046 INSURED: DATE OF LOSS: 12/17/2019 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Core-Mark International, Inc. West Sacramento, CA Fee Advance Charge - per payment Notice to Consumer Basic Fee - Subpoena Subpoena Preparation Trip Charge Witness Fee	1.00 1.00	5.00 15.00	5.00 5.00 37.00 12.50 15.00 15.00
Regarding: Rob Sumagang at Core-Mark International, Inc. West Sacramento		SUB-TOTAL	89.50
Closed - Client No Response - Please see attached status letter. slf		SALES TAX	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6672304-02-01

TOTAL DUE: \$ 89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6694754-07-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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One California Street, Suite 900
San Francisco, CA 94111

Ship To: Richard G. Garcia, Esq.
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Hien Thi Thu Ho	FIRMS NUMBER: 7858-70029
CASE TITLE: Hien Ho / Neutron Holdings, Inc. dba L	INSURED:
CASE NUMBER: CGC-21-595467	DATE OF LOSS: 9/25/2020
	CLAIM/ POLICY#: /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Bay Area Comprehensive Spine and Sports Medical Group Oakland,CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Basic Fee - Subpoena			37.00
Subpoena Preparation			12.50
Trip Charge	1.00	15.00	15.00
Witness Fee			15.00
Regarding: Hien Thi Thu Ho at Bay Area Comprehensive Spine and Sports Medical Group Oakland		SUB-TOTAL	89.50
Closed - Facility No Response - Please see attached status letter. kdp		SALES TAX	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	89.93

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6990	10/24/2023	6694754-08-01

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One California Street, Suite 900
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Ship To: Richard G. Garcia, Esq.
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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Hien Thi Thu Ho CASE TITLE: Hien Ho / Neutron Holdings, Inc. dba L CASE NUMBER: CGC-21-595467	FIRMS NUMBER: 7858-70029 INSURED: DATE OF LOSS: 9/25/2020 CLAIM/ POLICY#: /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Bay Area Comprehensive Spine and Sports Medical Group/Business Office Oakland,CA Notice to Consumer Subpoena Preparation Basic Fee - Subpoena Witness Fee			5.00 12.50 37.00 15.00
Regarding: Hien Thi Thu Ho at Bay Area Comprehensive Spine and Sports Medical Group/Business Office Oakland		SUB-TOTAL	69.50
Closed - Facility No Response - Please see attached status letter. kks		SALES TAX	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	69.93

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6990	10/24/2023	6694754-08-01

TOTAL DUE: \$ 69.93

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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Hien Thi Thu Ho	FIRMS NUMBER: 7858-70029
CASE TITLE: Hien Ho / Neutron Holdings, Inc. dba L	INSURED:
CASE NUMBER: CGC-21-595467	DATE OF LOSS: 9/25/2020
	CLAIM/ POLICY#: /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Bay Area Comprehensive Spine and Sports Medical Group/Radiology Oakland,CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Basic Fee - Subpoena			37.00
Subpoena Preparation			12.50
Trip Charge	1.00	15.00	15.00
Witness Fee			15.00
Regarding: Hien Thi Thu Ho at Bay Area Comprehensive Spine and Sports Medical Group/Radiology Oakland		SUB-TOTAL	89.50
Closed - Facility No Response - Please see attached status letter. kpf		SALES TAX	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6694754-09-01

TOTAL DUE: \$ 89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/26/2023	6704899-02-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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One California Street, Suite 900
San Francisco, CA 94111

Ship To: Richard G. Garcia
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: CARLOS ZEPEDA	FIRMS NUMBER: 7264-70009
CASE TITLE: CARLOS ZEPEDA / INTEGRITY RETAIL DISTR	INSURED:
CASE NUMBER: HG15792029	DATE OF LOSS:
	CLAIM/ POLICY#: /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Highland Hospital/Billing Office San Leandro, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	1.00	15.00	15.00
Witness Fee			15.00
Affidavit of No Billing			7.50
Basic Fee - Subpoena			37.00
Regarding: CARLOS ZEPEDA at Highland Hospital/Billing Office San Leandro		SUB-TOTAL	97.00
Please find the attached affidavit of no billings. abw		SALES TAX	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	98.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/26/2023	6704899-02-01

TOTAL DUE: \$ 98.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6716604-06-01

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One California Street, Suite 900
San Francisco, CA 94111

Ship To: Nicole Jones
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Tejas Kumar Viswanath CASE TITLE: Tejas Viswanath / Neutron Holdings, In CASE NUMBER: CGC-22-602243	FIRMS NUMBER: 7858-70095 INSURED: DATE OF LOSS: 10/9/2020 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
UCSF Medical Center/Radiology San Francisco,CA			
Notice to Consumer			5.00
CD Duplication	1.00	5.00	5.00
Fee Advance Charge - per payment	2.00	5.00	10.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
X-Ray Fee - Custodial			165.00
X-Ray Report			24.00
Regarding: Tejas Kumar Viswanath at UCSF Medical Center/Radiology San Francisco		SUB-TOTAL	315.00
Please note, films were previously shipped. aki		SALES TAX	18.16
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	333.16

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6990	10/24/2023	6716604-06-01

TOTAL DUE: \$ 333.16

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6730055-06-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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San Francisco, CA 94111

Ship To: Nicole Jones
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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Dale Chambliss CASE TITLE: Dale Chambliss / Neutron Holdings, Inc CASE NUMBER: 37-2021-00029674-CU-PL-CTL	FIRMS NUMBER: 7857-70097 INSURED: DATE OF LOSS: 7/12/2019 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Department of Health Care Services Sacramento,CA			
Notice to Consumer			5.00
Shipping and Handling	1.00	11.50	11.50
Bates Numbering - per Page	441.00	0.05	22.05
Fee Advance Charge - per payment	3.00	5.00	15.00
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Pages	441.00	0.18	79.38
Trip Charge	2.00	15.00	30.00
Custodial Fee			30.00
Regarding: Dale Chambliss at Department of Health Care Services Sacramento		SUB-TOTAL	257.43
Please find the attached billing records. kdp		SALES TAX	10.17
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	267.60

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6990	10/24/2023	6730055-06-01

TOTAL DUE: \$ 267.60

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6732278-01-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

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Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900
San Francisco, CA 94111

Ship To: Richard G. Garcia, Esq.
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Rob Sumagang CASE TITLE: Rob Sumagang / ALW Enterprises CASE NUMBER: BCV-21-102224-JEB	FIRMS NUMBER: 7264-70046 INSURED: DATE OF LOSS: 12/17/2019 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
One Source Medical Diagnostics, LLC Orange,CA			
Bates Numbering - per Page	39.00	0.05	1.95
Notice to Consumer			5.00
Pages	31.00	0.18	5.58
Fee Advance Charge - per payment	2.00	5.00	10.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Witness Fee			15.00
Trip Charge	2.00	15.00	30.00
Photo Duplication	8.00	4.00	32.00
Basic Fee - Subpoena			37.00
Regarding: Rob Sumagang at One Source Medical Diagnostics, LLC Orange			SEE NEXT PAG
Please find the attached Medical and Billing Records! Idj			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			

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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Rob Sumagang CASE TITLE: Rob Sumagang / ALW Enterprises CASE NUMBER: BCV-21-102224-JEB	FIRMS NUMBER: 7264-70046 INSURED: DATE OF LOSS: 12/17/2019 CLAIM/ POLICY#:
--	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
One Source Medical Diagnostics Custodial Fee			89.90
Regarding: Rob Sumagang AT One Source Medical Diagnostics		SUB-TOTAL	250.43
		SALES TAX	4.83
Thank you for choosing A.B.I./V.I.P. Attorney Service! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	255.26

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6990	10/24/2023	6732278-01-03

TOTAL DUE: \$ 255.26

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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Tejas Kumar Viswanath CASE TITLE: Tejas Viswanath / Neutron Holdings, In CASE NUMBER: CGC-22-602243	FIRMS NUMBER: 7858-70095 INSURED: DATE OF LOSS: 10/9/2020 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Stanford Hospital & Clinics Redwood City, CA			
Bates Numbering - per Page	16.00	0.05	.80
Pages	16.00	0.18	2.88
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Regarding: Tejas Kumar Viswanath at Stanford Hospital & Clinics Redwood City			
Please find the attached Medical Records! akl			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			119.68
SALES TAX			1.74
TOTAL DUE			121.42

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TOTAL DUE: \$ 121.42

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San Francisco, CA 94111

PERTAINING TO: Tejas Kumar Viswanath CASE TITLE: Tejas Viswanath / Neutron Holdings, In CASE NUMBER: CGC-22-602243	FIRMS NUMBER: 7858-70095 INSURED: DATE OF LOSS: 10/9/2020 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Stanford Hospital & Clinics/Hospital Billing Office Palo Alto,CA			
Bates Numbering - per Page	6.00	0.05	.30
Pages	6.00	0.18	1.08
Fee Advance Charge - per payment	2.00	5.00	10.00
Notice to Consumer			5.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Witness Fee			20.00
Custodial Fee			15.00
Regarding: Tejas Kumar Viswanath at Stanford Hospital & Clinics/Hospital Billing Office Palo Alto		SUB-TOTAL	142.38
Please find the attached billing records. smc		SALES TAX	1.54
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	143.92

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TOTAL DUE: \$ 143.92

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/30/2023	6750365-03-01

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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Diva Abdul Mansour CASE TITLE: Diva Abdul-Mansour / City of Los Angel CASE NUMBER: 21STCV34919	FIRMS NUMBER: 7858-70039 INSURED: DATE OF LOSS: 9/25/2020 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
ProHealth Advanced Imaging/Radiology Los Angeles,CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Witness Fee			15.00
CD Duplication	1.00	5.00	5.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
X-Ray Report			24.00
X-Ray Fee - Custodial			240.00
Regarding: Diva Abdul Mansour at ProHealth Advanced Imaging/Radiology Los Angeles		SUB-TOTAL	385.00
Please note, films were previously shipped. kpf		SALES TAX	24.62
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	409.62

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Bill To: Nicole Jones
Manning & Kass, Ellrod, Ramirez, Trester LLP
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San Francisco, CA 94111

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/30/2023	6750365-03-01

TOTAL DUE: \$ 409.62

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1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/23/2023	6751080-05-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Isha Gulati
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900
San Francisco, CA 94111

Ship To: Isha Gulati
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Willie Byron O'Neal CASE TITLE: Willie Byron O'Neal / Neutron Holdings CASE NUMBER: 23STCV09135	FIRMS NUMBER: 7858-70098 INSURED: DATE OF LOSS: 5/13/2022 CLAIM/ POLICY#: /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Pranay Patel, MD/Billing Torrance, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Rush Handling			25.00
Basic Fee - Subpoena			37.00
Regarding: Willie Byron O'Neal at Pranay Patel, MD/Billing Torrance		SUB-TOTAL	129.50
Please find the attached affidavit of no records. sf		SALES TAX	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	129.93

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6990	10/23/2023	6751080-05-03

TOTAL DUE: \$ 129.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-38-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Michael L Smith
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900
San Francisco, CA 94111

Ship To: Michael L Smith
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Alfredo Marquez Rodriguez AKA CASE TITLE: Alfredo Marquez / SMD Trucking, Inc., CASE NUMBER: 22CV001683	FIRMS NUMBER: 7222-70062 INSURED: DATE OF LOSS: 6/17/2020 CLAIM/ POLICY#: /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Positive Solutions San Fernando, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			30.00
Affidavit of No Records			7.50
Basic Fee - Subpoena			37.00
Regarding: Alfredo Marquez Rodriguez AKA Alfredo Rafael Rodriguez at Positive Solutions San Fernando		SUB-TOTAL	127.00
Please find the attached affidavit of no records. smc		SALES TAX	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	128.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-38-01

TOTAL DUE: \$ 128.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-39-01

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One California Street, Suite 900
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One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Alfredo Marquez Rodriguez AKA CASE TITLE: Alfredo Marquez / SMD Trucking, Inc., CASE NUMBER: 22CV001683	FIRMS NUMBER: 7222-70062 INSURED: DATE OF LOSS: 6/17/2020 CLAIM/ POLICY#: /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Positive Solutions/Billing San Fernando, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			30.00
Affidavit of No Billing			7.50
Basic Fee - Subpoena			37.00
Regarding: Alfredo Marquez Rodriguez AKA Alfredo Rafael Rodriguez at Positive Solutions/Billing San Fernando		SUB-TOTAL	127.00
Please find the attached affidavit of no billings. kpf		SALES TAX	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	128.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-39-01

TOTAL DUE: \$ 128.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-40-01

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One California Street, Suite 900
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Ship To: Michael L Smith
Manning & Kass, Ellrod, Ramirez, Trester LLP
One California Street, Suite 900,
San Francisco, CA 94111

PERTAINING TO: Alfredo Marquez Rodriguez AKA CASE TITLE: Alfredo Marquez / SMD Trucking, Inc., CASE NUMBER: 22CV001683	FIRMS NUMBER: 7222-70062 INSURED: DATE OF LOSS: 6/17/2020 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Positive Solutions/Radiology San Fernando, CA			
Notice to Consumer			5.00
Affidavit of No Films			7.50
Fee Advance Charge - per payment	2.00	5.00	10.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Custodial Fee			30.00
Regarding: Alfredo Marquez Rodriguez AKA Alfredo Rafael Rodriguez at Positive Solutions/Radiology San Fernando			SUB-TOTAL 147.00
Please find the attached affidavit of no X-rays. Idj			SALES TAX 1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			TOTAL DUE 148.08

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6990	10/31/2023	6751546-40-01

TOTAL DUE: \$ 148.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6672428-09-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Eugene J. Egan, Esq.
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To:
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Gregory Tate AKA Gregory Alan CASE TITLE: Gregory Tate / Brookfield Properties R CASE NUMBER: 20STCV36297	FIRMS NUMBER: INSURED: DATE OF LOSS: 11/29/2018 CLAIM/ POLICY#: FEE7364 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Santa Barbara Cottage Hospital/Medical Goleta, CA Notice to Consumer Fee Advance Charge - per payment Basic Fee - Subpoena Subpoena Preparation Witness Fee Custodial Fee	2.00	5.00	5.00 10.00 37.00 12.50 15.00 15.00
Regarding: Gregory Tate AKA Gregory Alan Tate; Greg Tate at Santa Barbara Cottage Hospital/Medical Goleta Closed - Facility No Response - Please see attached status letter. abw Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		SUB-TOTAL SALES TAX	94.50 .48
		TOTAL DUE	94.98

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6672428-09-01

TOTAL DUE: \$ 94.98

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6672428-11-03

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Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To:
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801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Gregory Tate AKA Gregory Alan CASE TITLE: Gregory Tate / Brookfield Properties R CASE NUMBER: 20STCV36297	FIRMS NUMBER: INSURED: DATE OF LOSS: 11/29/2018 CLAIM/ POLICY#: FEE7364 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Santa Barbara Cottage Hospital/Radiology Dept. Goleta, CA			
Notice to Consumer			5.00
Fee Advance Charge - per payment	2.00	5.00	10.00
Subpoena Preparation			12.50
Trip Charge	1.00	15.00	15.00
Custodial Fee			15.00
Witness Fee			19.00
Basic Fee - Subpoena			37.00
Regarding: Gregory Tate AKA Gregory Alan Tate; Greg Tate at Santa Barbara Cottage Hospital/Radiology Dept. Goleta		SUB-TOTAL	113.50
Closed - Facility No Response - Please see attached status letter. sf		SALES TAX	.48
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	113.98

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6672428-11-03

TOTAL DUE: \$ 113.98

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/30/2023	6696041-04-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Fiona Miller
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: Fiona Miller
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Norma Diaz CASE TITLE: Norma Diaz / Neutron Holdings, Inc. db CASE NUMBER: 22STCV17887	FIRMS NUMBER: 7858-70044 INSURED: DATE OF LOSS: 6/1/2021 CLAIM/ POLICY#: /
--	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Los Angeles Unified School District/Employment Los Angeles,CA			
Bates Numbering - per Page	43.00	0.05	2.15
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Pages	43.00	0.18	7.74
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Regarding: Norma Diaz at Los Angeles Unified School District/Employment Los Angeles		SUB-TOTAL	114.39
Please find the attached Documents! ahb		SALES TAX	1.41
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	115.80

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/30/2023	6696041-04-01

TOTAL DUE: \$ 115.80

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1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/18/2023	6738745-12-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Los Angeles, CA 90017

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Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Norma Diaz	FIRMS NUMBER: 7858-70044
CASE TITLE: Norma Diaz / Neutron Holdings, Inc. db	INSURED: Neutron Holdings, Inc. dba Limebike
CASE NUMBER: 22STCV17887	DATE OF LOSS: 6/1/2021
	CLAIM/ POLICY#: /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
California Hospital Medical Center/Business Office Los Angeles, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Bates Numbering - per Page	717.00	0.05	35.85
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Pages	717.00	0.18	129.06
Regarding: Norma Diaz at California Hospital Medical Center/Business Office Los Angeles			SUB-TOTAL 269.41
Please find the attached Medical Records! abw			SALES TAX 16.14
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			TOTAL DUE 285.55

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/18/2023	6738745-12-01

TOTAL DUE: \$ 285.55

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6742372-05-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Sophie LaFranchi, Esq.
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: Sophie LaFranchi, Esq.
Manning & Kass
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Da'John Brown	FIRMS NUMBER: 7858-70085
CASE TITLE: Da'John Brown / Neutron Holdings, Inc.	INSURED:
CASE NUMBER: 22STCV32096	DATE OF LOSS: 10/2/2021
	CLAIM/ POLICY#: /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
California Hospital Medical Center Los Angeles,CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Bates Numbering - per Page	123.00	0.05	6.15
Pages	123.00	0.18	22.14
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Regarding: Da'John Brown at California Hospital Medical Center Los Angeles			SUB-TOTAL 132.79
Please find the attached Medical Records! kpf			SALES TAX 3.16
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			TOTAL DUE 135.95

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6742372-05-01

TOTAL DUE: \$ 135.95

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/25/2023	6742372-12-01

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801 South Figueroa, 15th Floor
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Manning & Kass
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Da'John Brown CASE TITLE: Da'John Brown / Neutron Holdings, Inc. CASE NUMBER: 22STCV32096	FIRMS NUMBER: 7858-70085 INSURED: DATE OF LOSS: 10/2/2021 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
California Hospital Medical Center/Business Office Los Angeles,CA			
Bates Numbering - per Page	4.00	0.05	.20
Pages	4.00	0.18	.72
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Regarding: Da'John Brown at California Hospital Medical Center/Business Office Los Angeles		SUB-TOTAL	105.42
Please find the attached billing records. kpf		SALES TAX	.56
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	105.98

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/25/2023	6742372-12-01

TOTAL DUE: \$ 105.98

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/26/2023	6742372-14-01

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Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: Sophie LaFranchi, Esq.
Manning & Kass
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Da'John Brown CASE TITLE: Da'John Brown / Neutron Holdings, Inc. CASE NUMBER: 22STCV32096	FIRMS NUMBER: 7858-70085 INSURED: DATE OF LOSS: 10/2/2021 CLAIM/ POLICY#: /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
SoCal Imaging Woodland Hills, CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
CD Duplication	1.00	5.00	5.00
Shipping and Handling	1.00	11.50	11.50
Trip Charge	1.00	15.00	15.00
Follow-up Fee			37.00
X-Ray Report			24.00
X-Ray Fee - Custodial			200.00
Regarding: Da'John Brown at SoCal Imaging Woodland Hills		SUB-TOTAL	297.50
Please note, films were previously shipped. aki		SALES TAX	22.85
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	320.35

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/26/2023	6742372-14-01

TOTAL DUE: \$ 320.35

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/16/2023	6743069-01-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Sabira Sherman, Esq.
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: Sabira Sherman
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Karabed Bekerian AKA Karapet CASE TITLE: Karapet Bekerian / Neutron Holdings, I CASE NUMBER: 21STCV17183	FIRMS NUMBER: 7858-70055 INSURED: DATE OF LOSS: 5/11/2019 CLAIM/ POLICY#: /
--	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
West Hills Hospital and Medical Center/Business Office West Hills, CA			
Bates Numbering - per Page	4.00	0.05	.20
Pages	4.00	0.18	.72
Fee Advance Charge - per payment	2.00	5.00	10.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Rush Handling			25.00
Custodial Fee			34.99
Regarding: Karabed Bekerian AKA Karapet at West Hills Hospital and Medical Center/Business Office West Hills		SUB-TOTAL	170.41
Please find the attached billing records. smc		SALES TAX	.56
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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/16/2023	6743069-01-01

TOTAL DUE: \$ 170.97

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
ELCO6999	10/27/2023	6685296-12-01

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Los Angeles, CA 90017

Rodrigo Bozoghlian, Esq.
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Linda Sue Badger AKA Linda Sue CASE TITLE: Linda Sue Badger / EAN Holdings, LLC CASE NUMBER: 20STCV37144	FIRMS NUMBER: 7332-70121 INSURED: N/A DATE OF LOSS: 9/30/2018 CLAIM/ POLICY#: R13417270 /
--	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Intelligent Pain Solutions Beverly Hills,CA Fee Advance Charge - per payment Witness Fee Flat Service Fee	1.00	5.00	5.00 30.00 52.00
Regarding: Linda Sue Badger AKA Linda Sue Moore at Intelligent Pain Solutions Beverly Hills		SUB-TOTAL	87.00
Please find the attached status letter. kks		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	87.00

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ELCO6999	10/27/2023	6685296-12-01

TOTAL DUE: \$ 87.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

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Los Angeles, CA 90017

PERTAINING TO: Gabriel Gerbi CASE TITLE: Gabriel Gerbi / Gus Thomas Wortman CASE NUMBER: 22STCV20333	FIRMS NUMBER: 5577-59885 INSURED: Gus Thomas Wortman DATE OF LOSS: 2/5/2021 CLAIM/ POLICY#: 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Omega Law Firm Beverly Hills,CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Gabriel Gerbi at Omega Law Firm Beverly Hills		SUB-TOTAL	47.00
Per your office, this case has settled. smc		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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PGH6999	9/28/2023	6671792-08-03

TOTAL DUE: \$ 47.00

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Los Angeles, CA 90017

PERTAINING TO: Gabriel Gerbi CASE TITLE: Gabriel Gerbi / Gus Thomas Wortman CASE NUMBER: 22STCV20333	FIRMS NUMBER: 5577-59885 INSURED: Gus Thomas Wortman DATE OF LOSS: 2/5/2021 CLAIM/ POLICY#: 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Aetna Health and Life Insurance Company Hartford,CT			
OCR	4.00	0.03	.12
Pages	4.00	0.10	.40
Basic Fee - Subpoena			32.00
Regarding: Gabriel Gerbi at Aetna Health and Life Insurance Company Hartford		SUB-TOTAL	32.52
Please find the attached Documents! ebg		SALES TAX	.04
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	32.56

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PGH6999	9/28/2023	6671792-10-03

TOTAL DUE: \$ 32.56

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-01-03

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Los Angeles, CA 90017

PERTAINING TO: Gabriel Gerbi CASE TITLE: Gabriel Gerbi / Gus Thomas Wortman CASE NUMBER: 22STCV20333	FIRMS NUMBER: 5577-59885 INSURED: Gus Thomas Wortman DATE OF LOSS: 2/5/2021 CLAIM/ POLICY#: 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Sunset Diagnostic Radiology Oxnard,CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology Oxnard		SUB-TOTAL	47.00
Per your office, this case has settled. kdp		SALES TAX	.00
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PGH6999	9/28/2023	6686846-01-03

TOTAL DUE: \$ 47.00

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PGH6999	9/28/2023	6686846-02-03

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Los Angeles, CA 90017

PERTAINING TO: Gabriel Gerbi CASE TITLE: Gabriel Gerbi / Gus Thomas Wortman CASE NUMBER: 22STCV20333	FIRMS NUMBER: 5577-59885 INSURED: Gus Thomas Wortman DATE OF LOSS: 2/5/2021 CLAIM/ POLICY#: 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Sunset Diagnostic Radiology/Billing Oxnard,CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology/Billing Oxnard		SUB-TOTAL	47.00
Per your office, this case has settled. kks		SALES TAX	.00
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PGH6999	9/28/2023	6686846-02-03

TOTAL DUE: \$ 47.00

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Los Angeles, CA 90017

PERTAINING TO: Gabriel Gerbi CASE TITLE: Gabriel Gerbi / Gus Thomas Wortman CASE NUMBER: 22STCV20333	FIRMS NUMBER: 5577-59885 INSURED: Gus Thomas Wortman DATE OF LOSS: 2/5/2021 CLAIM/ POLICY#: 214008181 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Sunset Diagnostic Radiology/Radiology Oxnard,CA			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology/Radiology Oxnard		SUB-TOTAL	47.00
Per your office, this case has settled. kmk		SALES TAX	.00
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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-03-03

TOTAL DUE: \$ 47.00

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PGH6999	9/30/2023	6689993-02-07

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801 South Figueroa, 15th Floor
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Ship To: William Kelsberg
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali CASE TITLE: Jacob Ali / Umoh Owoimaha CASE NUMBER: 21STCV37969	FIRMS NUMBER: 5577-59874 INSURED: Umoh Owoimaha DATE OF LOSS: 10/17/2019 CLAIM/ POLICY#: 19-4874970 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Elite Medical Center Los Angeles,CA			
OCR	21.00	0.03	.63
Pages	21.00	0.10	2.10
Witness Fee			15.00
Custodial Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Elite Medical Center Los Angeles		SUB-TOTAL	64.73
Please find the attached Medical and Billing Records! There are no X-rays. ebg		SALES TAX	.20
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	64.93

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PGH6999	9/30/2023	6689993-02-07

TOTAL DUE: \$ 64.93

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Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali CASE TITLE: Jacob Ali / Umoh Owoimaha CASE NUMBER: 21STCV37969	FIRMS NUMBER: 5577-59874 INSURED: Umoh Owoimaha DATE OF LOSS: 10/17/2019 CLAIM/ POLICY#: 19-4874970 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
One Source Medical Diagnostics, LLC Orange,CA			
OCR	25.00	0.03	.75
Pages	25.00	0.10	2.50
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Custodial Fee			88.50
Regarding: Jacob Ali AKA Jacob Syed Ali at One Source Medical Diagnostics, LLC Orange		SUB-TOTAL	138.75
Please find the attached Medical and Billing Records! Idj		SALES TAX	.24
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	138.99

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PGH6999	9/30/2023	6689993-03-07

TOTAL DUE: \$ 138.99

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801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali
CASE TITLE: Jacob Ali / Umoh Owoimaha
CASE NUMBER: 21STCV37969

FIRMS NUMBER: 5577-59874
INSURED: Umoh Owoimaha
DATE OF LOSS: 10/17/2019
CLAIM/ POLICY#: 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
One Source Medical Diagnostics, LLC/Radiology Orange,CA Witness Fee Basic Fee - Subpoena X-Ray Fee - Custodial			15.00 32.00 300.00
Regarding: Jacob Ali AKA Jacob Syed Ali at One Source Medical Diagnostics, LLC/Radiology Orange		SUB-TOTAL	347.00
Please note, films were previously shipped. kdp		SALES TAX	28.50
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	375.50

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PGH6999	9/30/2023	6689993-04-07

TOTAL DUE: \$ 375.50

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PGH6999	8/24/2023	6689993-06-01

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Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali CASE TITLE: Jacob Ali / Umoh Owoimaha CASE NUMBER: 21STCV37969	FIRMS NUMBER: 5577-59874 INSURED: Umoh Owoimaha DATE OF LOSS: 10/17/2019 CLAIM/ POLICY#: 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Olympia Health Care/Business Office Glendale, CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Olympia Health Care/Business Office Glendale		SUB-TOTAL	47.00
Per your office, this case has settled. kpf		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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PGH6999	8/24/2023	6689993-06-01

TOTAL DUE: \$ 47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/25/2023	6689993-11-01

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Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali CASE TITLE: Jacob Ali / Umoh Owoimaha CASE NUMBER: 21STCV37969	FIRMS NUMBER: 5577-59874 INSURED: Umoh Owoimaha DATE OF LOSS: 10/17/2019 CLAIM/ POLICY#: 19-4874970 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
ProHealth Advanced Imaging/Radiology Los Angeles,CA Witness Fee Basic Fee - Subpoena Custodial Fee			15.00 32.00 100.00
Regarding: Jacob Ali AKA Jacob Syed Ali at ProHealth Advanced Imaging/Radiology Los Angeles		SUB-TOTAL	147.00
Per your office, this case has settled. Please note, fees advanced prior to case settling. aki		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	147.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/25/2023	6689993-11-01

TOTAL DUE: \$ 147.00

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Order # 6689993-11-01/ABInvRE.MDX

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-15-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: William Kelsberg
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali
CASE TITLE: Jacob Ali / Umoh Owoimaha
CASE NUMBER: 21STCV37969

FIRMS NUMBER: 5577-59874
INSURED: Umoh Owoimaha
DATE OF LOSS: 10/17/2019
CLAIM/ POLICY#: 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Wawanesa General Insurance San Diego,CA,370879GE San Diego,CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Wawanesa General Insurance San Diego		SUB-TOTAL	47.00
Per your office, this case has settled. ebg		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-15-01

TOTAL DUE: \$ 47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6706767-01-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: William Kelsberg
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Jacob Ali AKA Jacob Syed Ali
CASE TITLE: Jacob Ali / Umoh Owoimaha
CASE NUMBER: 21STCV37969

FIRMS NUMBER: 5577-59874
INSURED: Umoh Owoimaha
DATE OF LOSS: 10/17/2019
CLAIM/ POLICY#: 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Optum360 West Hills,CA			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Optum360 West Hills		SUB-TOTAL	47.00
Per your office, this case has settled. ebg		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6706767-01-01

TOTAL DUE: \$ 47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-01-03

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801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Corona Regional Medical Center Corona, CA			
OCR	56.00	0.03	1.68
Pages	56.00	0.10	5.60
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Corona Regional Medical Center Corona		SUB-TOTAL	54.28
Please find the attached Medical Records! ebg		SALES TAX	.53
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	54.81

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-01-03

TOTAL DUE: \$ 54.81

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-02-03

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801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Corona Regional Medical Center/Business Office Corona, CA			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Business Office Corona		SUB-TOTAL	47.26
Please find the attached billing records. ebg		SALES TAX	.02
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.28

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-02-03

TOTAL DUE: \$ 47.28

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PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Corona Regional Medical Center/Radiology Dept. Corona, CA CD Witness Fee X-Ray Fee - Custodial Basic Fee - Subpoena	1.00	4.00	4.00 15.00 150.00 32.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Radiology Dept. Corona		SUB-TOTAL	201.00
Please note, films were previously shipped. Idj		SALES TAX	14.63
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	215.63

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PGH6999	9/28/2023	6708017-03-03

TOTAL DUE: \$ 215.63

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PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Ortiz Chiropractic Corona, CA			
OCR	38.00	0.03	1.14
Pages	38.00	0.10	3.80
Custodial Fee			135.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Ortiz Chiropractic Corona		SUB-TOTAL	186.94
Please find the attached Medical and Billing Records! ahb		SALES TAX	.36
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	187.30

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/6/2023	6708017-04-03

TOTAL DUE: \$ 187.30

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
SimonMed Imaging Corporate Legal Office Altamonte Springs,FL			
OCR	16.00	0.03	.48
Photo Duplication	1.00	0.50	.50
Basic Fee - Subpoena			32.00
Pages	16.00	0.10	1.60
Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office Altamonte Springs			
Please find the attached Medical Records, Billing Records and Laser Copy. Idj			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			34.58
SALES TAX			.20
TOTAL DUE			34.78

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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TOTAL DUE: \$ 34.78

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs,FL			
CD	1.00	4.00	4.00
Shipping and Handling	1.00	9.50	9.50
Basic Fee - Subpoena			32.00
X-Ray Fee - Custodial			30.00
Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs		SUB-TOTAL	75.50
Please note, films were previously shipped. aki		SALES TAX	4.13
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	79.63

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TOTAL DUE: \$ 79.63

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Hassan Badday, MD Irvine, CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Nadine Elzein at Hassan Badday, MD Irvine		SUB-TOTAL	47.00
Please find the attached status letter. smc		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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PGH6999	9/28/2023	6708017-07-03

TOTAL DUE: \$ 47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-08-03

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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Hassan Badday, MD/Billing Irvine,CA			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Hassan Badday, MD/Billing Irvine		SUB-TOTAL	47.26
Please find the attached billing records. Idj		SALES TAX	.02
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.28

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PGH6999	9/28/2023	6708017-08-03

TOTAL DUE: \$ 47.28

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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
DG Medical Imaging Long Beach, CA Basic Fee - Subpoena			32.00
Regarding: Nadine Elzein at DG Medical Imaging Long Beach		SUB-TOTAL	32.00
Please find the attached status letter. ahh		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	32.00

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PGH6999	9/28/2023	6708017-09-03

TOTAL DUE: \$ 32.00

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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Hope Ambulatory Surgery Center Irvine, CA			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Hope Ambulatory Surgery Center Irvine		SUB-TOTAL	50.90
Please find the attached Medical Records! There are no X-rays. Idj		SALES TAX	.28
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	51.18

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PGH6999	9/28/2023	6708017-10-03

TOTAL DUE: \$ 51.18

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-11-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Angela Rivers
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: William Kelsberg
Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Pacific Pain and Regenerative Medicine Irvine,CA			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Pacific Pain and Regenerative Medicine Irvine		SUB-TOTAL	50.90
Please find the attached Medical Records! There are no X-rays. smc		SALES TAX	.28
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	51.18

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-11-03

TOTAL DUE: \$ 51.18

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-12-05

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Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Monox Billing Service Irvine,CA			
OCR	1.00	0.03	.03
Pages	1.00	0.10	.10
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Monox Billing Service Irvine		SUB-TOTAL	47.13
Please find the attached billing records. ebg		SALES TAX	.01
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.14

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-12-05

TOTAL DUE: \$ 47.14

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/21/2023	6708017-13-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al CASE NUMBER: CVR12203615	FIRMS NUMBER: 5577-59882 INSURED: Progressive West Insurance Company DATE OF LOSS: 6/19/2021 CLAIM/ POLICY#: 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Balance of Wellness Temecula,CA			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Nadine Elzein at Balance of Wellness Temecula		SUB-TOTAL	47.00
Please find the attached status letter. ahh		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/21/2023	6708017-13-01

TOTAL DUE: \$ 47.00

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