



# 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

<b>PERTAINING TO:</b> Rob Sumagang <b>CASE TITLE:</b> Rob Sumagang / ALW Enterprises <b>CASE NUMBER:</b> BCV-21-102224-JEB	<b>FIRMS NUMBER:</b> 7264-70046 <b>INSURED:</b> <b>DATE OF LOSS:</b> 12/17/2019 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Core-Mark International, Inc.</b> <b>West Sacramento, CA</b> 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		<b>SUB-TOTAL</b>	89.50
Closed - Client No Response - Please see attached status letter. slf		<b>SALES TAX</b>	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	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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1-800-266-0613 Fax: 1-800-266-5044

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

<b>PERTAINING TO:</b> Hien Thi Thu Ho <b>CASE TITLE:</b> Hien Ho / Neutron Holdings, Inc. dba L <b>CASE NUMBER:</b> CGC-21-595467	<b>FIRMS NUMBER:</b> 7858-70029 <b>INSURED:</b> <b>DATE OF LOSS:</b> 9/25/2020 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Bay Area Comprehensive Spine and Sports Medical Group Oakland, CA</b>			
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		<b>SUB-TOTAL</b>	89.50
Closed - Facility No Response - Please see attached status letter. kdp		<b>SALES TAX</b>	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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<b>PERTAINING TO:</b> Hien Thi Thu Ho	<b>FIRMS NUMBER:</b> 7858-70029
<b>CASE TITLE:</b> Hien Ho / Neutron Holdings, Inc. dba L	<b>INSURED:</b>
<b>CASE NUMBER:</b> CGC-21-595467	<b>DATE OF LOSS:</b> 9/25/2020
	<b>CLAIM/ POLICY#:</b> /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Bay Area Comprehensive Spine and Sports Medical Group/Business Office Oakland,CA</b>			
Notice to Consumer			5.00
Subpoena Preparation			12.50
Basic Fee - Subpoena			37.00
Witness Fee			15.00
<b>Regarding: Hien Thi Thu Ho at Bay Area Comprehensive Spine and Sports Medical Group/Business Office Oakland</b>		<b>SUB-TOTAL</b>	<b>69.50</b>
<b>Closed - Facility No Response - Please see attached status letter. kks</b>		<b>SALES TAX</b>	<b>.43</b>
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**TOTAL DUE: \$ 69.93**

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Bay Area Comprehensive Spine and Sports Medical Group/Radiology Oakland,CA</b>			
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		<b>SUB-TOTAL</b>	89.50
Closed - Facility No Response - Please see attached status letter. kpf		<b>SALES TAX</b>	.43
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6990	10/26/2023	6704899-02-01

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One California Street, Suite 900  
San Francisco, CA 94111

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Highland Hospital/Billing Office San Leandro,CA</b>			
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		<b>SUB-TOTAL</b>	<b>97.00</b>
Please find the attached affidavit of no billings. abw		<b>SALES TAX</b>	<b>1.08</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>98.08</b>

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**TOTAL DUE: \$ 98.08**

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6990	10/24/2023	6716604-06-01

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

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

<b>PERTAINING TO:</b> Tejas Kumar Viswanath <b>CASE TITLE:</b> Tejas Viswanath / Neutron Holdings, In <b>CASE NUMBER:</b> CGC-22-602243	<b>FIRMS NUMBER:</b> 7858-70095 <b>INSURED:</b> <b>DATE OF LOSS:</b> 10/9/2020 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>UCSF Medical Center/Radiology San Francisco,CA</b>			
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		<b>SUB-TOTAL</b>	315.00
Please note, films were previously shipped. aki		<b>SALES TAX</b>	18.16
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	333.16

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6990	10/24/2023	6716604-06-01

**TOTAL DUE: \$ 333.16**

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6990	10/24/2023	6730055-06-01

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

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

<b>PERTAINING TO:</b> Dale Chambliss <b>CASE TITLE:</b> Dale Chambliss / Neutron Holdings, Inc <b>CASE NUMBER:</b> 37-2021-00029674-CU-PL-CTL	<b>FIRMS NUMBER:</b> 7857-70097 <b>INSURED:</b> <b>DATE OF LOSS:</b> 7/12/2019 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Department of Health Care Services Sacramento,CA</b>			
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		<b>SUB-TOTAL</b>	257.43
Please find the attached billing records. kdp		<b>SALES TAX</b>	10.17
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	267.60

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**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

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>One Source Medical Diagnostics, LLC Orange,CA</b>			
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			
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.			SEE NEXT PAG

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6990	10/24/2023	6732278-01-03

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>One Source Medical Diagnostics</b> Custodial Fee			89.90
<b>Regarding: Rob Sumagang AT One Source Medical Diagnostics</b>		<b>SUB-TOTAL</b>	250.43
		<b>SALES TAX</b>	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.		<b>TOTAL DUE</b>	255.26

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**TOTAL DUE: \$ 255.26**

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<b>PERTAINING TO:</b> Tejas Kumar Viswanath <b>CASE TITLE:</b> Tejas Viswanath / Neutron Holdings, In <b>CASE NUMBER:</b> CGC-22-602243	<b>FIRMS NUMBER:</b> 7858-70095 <b>INSURED:</b> <b>DATE OF LOSS:</b> 10/9/2020 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Stanford Hospital &amp; Clinics Redwood City, CA</b>			
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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One California Street, Suite 900,  
San Francisco, CA 94111

<b>PERTAINING TO:</b> Tejas Kumar Viswanath <b>CASE TITLE:</b> Tejas Viswanath / Neutron Holdings, In <b>CASE NUMBER:</b> CGC-22-602243	<b>FIRMS NUMBER:</b> 7858-70095 <b>INSURED:</b> <b>DATE OF LOSS:</b> 10/9/2020 <b>CLAIM/ POLICY#:</b> /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Stanford Hospital &amp; Clinics/Hospital Billing Office Palo Alto,CA</b>			
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		<b>SUB-TOTAL</b>	142.38
Please find the attached billing records. smc		<b>SALES TAX</b>	1.54
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	143.92

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/25/2023	6738935-02-01

**TOTAL DUE: \$ 143.92**

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# Invoice

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

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

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

Terms: Cash Only

Bill To: Nicole Jones  
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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

<b>PERTAINING TO:</b> Diva Abdul Mansour <b>CASE TITLE:</b> Diva Abdul-Mansour / City of Los Angel <b>CASE NUMBER:</b> 21STCV34919	<b>FIRMS NUMBER:</b> 7858-70039 <b>INSURED:</b> <b>DATE OF LOSS:</b> 9/25/2020 <b>CLAIM/ POLICY#:</b> /
--	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>ProHealth Advanced Imaging/Radiology Los Angeles,CA</b>			
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		<b>SUB-TOTAL</b>	<b>385.00</b>
Please note, films were previously shipped. kpf		<b>SALES TAX</b>	<b>24.62</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>409.62</b>

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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

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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Pranay Patel, MD/Billing Torrance, CA</b>			
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		<b>SUB-TOTAL</b>	<b>129.50</b>
Please find the attached affidavit of no records. sf		<b>SALES TAX</b>	<b>.43</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>129.93</b>

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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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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Positive Solutions San Fernando, CA</b>			
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		<b>SUB-TOTAL</b>	127.00
Please find the attached affidavit of no records. smc		<b>SALES TAX</b>	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	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  
San Francisco, CA 94111

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Positive Solutions/Billing San Fernando, CA</b>			
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		<b>SUB-TOTAL</b>	127.00
Please find the attached affidavit of no billings. kpf		<b>SALES TAX</b>	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	128.08

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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

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

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Positive Solutions/Radiology San Fernando, CA</b>			
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			<b>SUB-TOTAL</b> 147.00
Please find the attached affidavit of no X-rays. Idj			<b>SALES TAX</b> 1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			<b>TOTAL DUE</b> 148.08

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Santa Barbara Cottage Hospital/Medical Goleta, CA</b> 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  TOTAL DUE	94.50 .48  94.98

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Manning & Kass  
801 South Figueroa, 15th Floor  
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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Order # 6672428-09-01/ABInvRE.MDX

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

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

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

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Los Angeles, CA 90017

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Santa Barbara Cottage Hospital/Radiology Dept. Goleta, CA</b>			
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		<b>SUB-TOTAL</b>	113.50
Closed - Facility No Response - Please see attached status letter. sf		<b>SALES TAX</b>	.48
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	113.98

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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 113.98**

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Order # 6672428-11-03/ABInVRE.MDX



# Invoice

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

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Los Angeles Unified School District/Employment Los Angeles,CA</b>			
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			
Please find the attached Documents! ahb			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			114.39
SALES TAX			1.41
TOTAL DUE			115.80

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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 115.80**

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Order # 6696041-04-01/ABlinvRE.MDX

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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

Terms: Cash Only

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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>California Hospital Medical Center/Business Office Los Angeles, CA</b>			
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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801 South Figueroa, 15th Floor  
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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Springfield, MO 65801-2970



Order # 6738745-12-01/ABInvRE.MDX

**Invoice**

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

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

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

Terms: Cash Only

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>California Hospital Medical Center Los Angeles, CA</b>			
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			<b>SUB-TOTAL</b> 132.79
Please find the attached Medical Records! kpf			<b>SALES TAX</b> 3.16
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			<b>TOTAL DUE</b> 135.95

FOR PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

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Bill To: Sophie LaFranchi, Esq.  
Manning & Kass  
801 South Figueroa, 15th Floor  
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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Order # 6742372-05-01/ABInvRE.MDX



# Invoice

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

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

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

Terms: Cash Only

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

<b>PERTAINING TO:</b> Da'John Brown <b>CASE TITLE:</b> Da'John Brown / Neutron Holdings, Inc. <b>CASE NUMBER:</b> 22STCV32096	<b>FIRMS NUMBER:</b> 7858-70085 <b>INSURED:</b> <b>DATE OF LOSS:</b> 10/2/2021 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>California Hospital Medical Center/Business Office Los Angeles,CA</b>			
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		<b>SUB-TOTAL</b>	105.42
Please find the attached billing records. kpf		<b>SALES TAX</b>	.56
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	105.98

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Bill To: Sophie LaFranchi, Esq.  
Manning & Kass  
801 South Figueroa, 15th Floor  
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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Order # 6742372-12-01/ABlinvRE.MDX



# Invoice

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

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

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

Terms: Cash Only

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

<b>PERTAINING TO:</b> Da'John Brown <b>CASE TITLE:</b> Da'John Brown / Neutron Holdings, Inc. <b>CASE NUMBER:</b> 22STCV32096	<b>FIRMS NUMBER:</b> 7858-70085 <b>INSURED:</b> <b>DATE OF LOSS:</b> 10/2/2021 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>SoCal Imaging Woodland Hills, CA</b>			
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
<b>Regarding: Da'John Brown at SoCal Imaging Woodland Hills</b>		<b>SUB-TOTAL</b>	<b>297.50</b>
<b>Please note, films were previously shipped. aki</b>		<b>SALES TAX</b>	<b>22.85</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>320.35</b>

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

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

**TOTAL DUE: \$ 320.35**

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Order # 6742372-14-01/ABInvRE.MDX

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**Invoice**

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

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

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

Terms: Cash Only

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

<b>PERTAINING TO:</b> Karabed Bekerian AKA Karapet <b>CASE TITLE:</b> Karapet Bekerian / Neutron Holdings, I <b>CASE NUMBER:</b> 21STCV17183	<b>FIRMS NUMBER:</b> 7858-70055 <b>INSURED:</b> <b>DATE OF LOSS:</b> 5/11/2019 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>West Hills Hospital and Medical Center/Business Office West Hills, CA</b>			
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		<b>SUB-TOTAL</b>	<b>170.41</b>
Please find the attached billing records. smc		<b>SALES TAX</b>	<b>.56</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>170.97</b>

FOR PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

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**Remittance Copy**

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

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

**TOTAL DUE: \$ 170.97**

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2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

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P.O. Box 2970  
Springfield, MO 65801-2970



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