

**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

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

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

PLEASE CHECK HERE ()
AND MAKE CHANGES TO
ADDRESS BELOW.

Remittance Copy

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

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TOTAL DUE: \$ 135.95

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.
2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

Remit To: **ABI Document Support Services**
P.O. Box 2970
Springfield, MO 65801-2970



Order # 6742372-05-01/ABInVRE.MDX