



# 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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6990	10/31/2023	6672304-02-01

**TOTAL DUE: \$ 89.93**

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Order # 6672304-02-01/ABInvRE.MDX

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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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<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>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> /
---	--

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 Subpoena Preparation Basic Fee - Subpoena Witness Fee			5.00 12.50 37.00 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>
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>69.93</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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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>	97.00
Please find the attached affidavit of no billings. abw		<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>	98.08

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

**TOTAL DUE: \$ 333.16**

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San Francisco, CA 94111

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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

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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
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			
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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<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			<b>SUB-TOTAL</b> 119.68
Please find the attached Medical Records! akl			<b>SALES TAX</b> 1.74
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> 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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San Francisco, CA 94111

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

**TOTAL DUE: \$ 143.92**

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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

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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:** 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#:** /

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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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

<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

<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

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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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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	94.50 .48
		<b>TOTAL DUE</b>	<b>94.98</b>

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Bill To: Eugene J. Egan, Esq.  
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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# Invoice

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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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/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  
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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		<b>SUB-TOTAL</b>	114.39
Please find the attached Documents! ahb		<b>SALES TAX</b>	1.41
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>	115.80

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Los Angeles, CA 90017

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6999	10/30/2023	6696041-04-01

**TOTAL DUE: \$ 115.80**

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Order # 6696041-04-01/ABlinvRE.MDX



# Invoice

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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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> Neutron Holdings, Inc. dba Limebike <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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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 285.55**

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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> /
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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

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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

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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

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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>FIRMS NUMBER:</b> 7858-70085
<b>CASE TITLE:</b> Da'John Brown / Neutron Holdings, Inc.	<b>INSURED:</b>
<b>CASE NUMBER:</b> 22STCV32096	<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/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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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

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

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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 320.35**

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# Invoice

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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

<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> /
--	--

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>

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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

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

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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Intelligent Pain Solutions Beverly Hills,CA</b> 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		<b>SUB-TOTAL</b>	87.00
Please find the attached status letter. kks		<b>SALES TAX</b>	.00
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>	87.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Omega Law Firm Beverly Hills,CA</b> 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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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-10-03

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Los Angeles, CA 90017

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Aetna Health and Life Insurance Company Hartford,CT</b>			
OCR	4.00	0.03	.12
Pages	4.00	0.10	.40
Basic Fee - Subpoena			32.00
<b>Regarding: Gabriel Gerbi at Aetna Health and Life Insurance Company Hartford</b>		<b>SUB-TOTAL</b>	<b>32.52</b>
<b>Please find the attached Documents! ebg</b>		<b>SALES TAX</b>	<b>.04</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>32.56</b>

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PGH6999	9/28/2023	6671792-10-03

**TOTAL DUE: \$ 32.56**

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# Invoice

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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Sunset Diagnostic Radiology Oxnard,CA</b> 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
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	9/28/2023	6686846-01-03

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-02-03

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Los Angeles, CA 90017

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

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

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-02-03

**TOTAL DUE: \$ 47.00**

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

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Sunset Diagnostic Radiology/Radiology Oxnard,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology/Radiology Oxnard</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Per your office, this case has settled. kmk</b>		<b>SALES TAX</b>	<b>.00</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>47.00</b>

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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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Order # 6686846-03-03/ABInvRE.MDX

\* 6 6 8 6 8 4 6 - 0 3 - 0 3 \*

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-02-07

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: 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
<b>Elite Medical Center Los Angeles,CA</b>			
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		<b>SUB-TOTAL</b>	<b>64.73</b>
Please find the attached Medical and Billing Records! There are no X-rays. ebg		<b>SALES TAX</b>	<b>.20</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>64.93</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-02-07

**TOTAL DUE: \$ 64.93**

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Order # 6689993-02-07/ABInvRE.MDX



# Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-03-07

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

Terms: Cash Only

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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
<b>One Source Medical Diagnostics, LLC Orange,CA</b>			
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		<b>SUB-TOTAL</b>	138.75
Please find the attached Medical and Billing Records! Idj		<b>SALES TAX</b>	.24
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>	138.99

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PGH6999	9/30/2023	6689993-03-07

**TOTAL DUE: \$ 138.99**

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# Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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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
<b>One Source Medical Diagnostics, LLC/Radiology Orange,CA</b> 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
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PGH6999	9/30/2023	6689993-04-07

**TOTAL DUE: \$ 375.50**

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# Invoice

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-06-01

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Olympia Health Care/Business Office Glendale, CA</b> 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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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-06-01

**TOTAL DUE: \$ 47.00**

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>ProHealth Advanced Imaging/Radiology Los Angeles,CA</b> 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		<b>SUB-TOTAL</b>	147.00
Per your office, this case has settled. Please note, fees advanced prior to case settling. aki		<b>SALES TAX</b>	.00
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>	147.00

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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 147.00**

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Wawanesa General Insurance</b> <b>San Diego,CA,370879GE</b> <b>San Diego,CA</b> 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	6706767-01-01

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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
<b>Optum360 West Hills,CA</b>			
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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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6706767-01-01

**TOTAL DUE: \$ 47.00**

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