



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#: / |
|--|---|

| 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 |

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

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Bill To: Richard G. Garcia, Esq.
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Remit To: ABI Document Support Services
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| 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

Terms: Cash Only

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Manning & Kass, Ellrod, Ramirez, Trester LLP
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San Francisco, CA 94111

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Manning & Kass, Ellrod, Ramirez, Trester LLP
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 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 | 6694754-07-01 |

TOTAL DUE: \$ 89.93

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO: |
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| 6990 | 10/24/2023 | 6694754-08-01 |

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

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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/Business Office Oakland,CA | | | |
| Notice to Consumer | | | 5.00 |
| Subpoena Preparation | | | 12.50 |
| Basic Fee - Subpoena | | | 37.00 |
| Witness Fee | | | 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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| 6990 | 10/24/2023 | 6694754-09-01 |

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San Francisco, CA 94111

| | |
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| 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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TOTAL DUE: \$ 89.93

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| 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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| 6990 | 10/26/2023 | 6704899-02-01 |

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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Manning & Kass, Ellrod, Ramirez, Trester LLP
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#: / |
|---|--|

| 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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| 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

Ship To: Nicole Jones
Manning & Kass, Ellrod, Ramirez, Trester LLP
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#: / |
|---|--|

| 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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| 6990 | 10/24/2023 | 6732278-01-03 |

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
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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#: / |
|--|---|

| 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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| 6990 | 10/24/2023 | 6732278-01-03 |

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| 6990 | 10/24/2023 | 6732278-01-03 |

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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

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.
2. MAKE CHECKS PAYABLE TO A.B.I./V.I.P. ATTORNEY SERVICE.

Remit To: A.B.I./V.I.P. Attorney Service
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Order # 6732278-01-03/ABlinvRE.MDX



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| 6990 | 10/16/2023 | 6738935-01-01 |

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

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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#: / |
|---|--|

| 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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| | |
|---|--|
| 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#: / |
|---|--|

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

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

TOTAL DUE: \$ 143.92

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

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Order # 6738935-02-01/ABInvRE.MDX

**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
Manning & Kass, Ellrod, Ramirez, Trester LLP
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 |
|---|----------|------------------|---------------|
| 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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| 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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San Francisco, CA 94111

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO: |
|-------------|---------------|---------------|
| 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

Terms: Cash Only

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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|-------------|---------------|---------------|
| 6990 | 10/31/2023 | 6751546-38-01 |

TOTAL DUE: \$ 128.08

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|-------------|---------------|---------------|
| 6990 | 10/31/2023 | 6751546-39-01 |

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

| | |
|---|--|
| 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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|-------------|---------------|---------------|
| 6990 | 10/31/2023 | 6751546-39-01 |

TOTAL DUE: \$ 128.08

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|-------------|---------------|---------------|
| 6990 | 10/31/2023 | 6751546-40-01 |

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: 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/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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Order # 6751546-40-01/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 | 6672428-09-01 |

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 TOTAL DUE | 94.50 .48 94.98 |

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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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|-------------|---------------|---------------|
| 6999 | 10/24/2023 | 6672428-11-03 |

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

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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/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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Los Angeles, CA 90017

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|-------------|---------------|---------------|
| 6999 | 10/24/2023 | 6672428-11-03 |

TOTAL DUE: \$ 113.98

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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

Terms: Cash Only

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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Los Angeles, CA 90017

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|-------------|---------------|---------------|
| 6999 | 10/30/2023 | 6696041-04-01 |

TOTAL DUE: \$ 115.80

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

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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

| | |
|--|---|
| PERTAINING TO: Norma Diaz CASE TITLE: Norma Diaz / Neutron Holdings, Inc. db CASE NUMBER: 22STCV17887 | FIRMS NUMBER: 7858-70044 INSURED: Neutron Holdings, Inc. dba Limebike 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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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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Order # 6738745-12-01/ABInvRE.MDX

**Invoice**

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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

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 |

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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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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/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

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|-------------|---------------|---------------|
| 6999 | 10/25/2023 | 6742372-12-01 |

TOTAL DUE: \$ 105.98

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|-------------|---------------|---------------|
| 6999 | 10/26/2023 | 6742372-14-01 |

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Los Angeles, CA 90017

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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#: / |
|---|--|

| 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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| 6999 | 10/26/2023 | 6742372-14-01 |

TOTAL DUE: \$ 320.35

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|-------------|---------------|---------------|
| 6999 | 10/16/2023 | 6743069-01-01 |

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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 |
| Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613. | | TOTAL DUE | 170.97 |

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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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Manning & Kass
801 South Figueroa, 15th Floor
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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| 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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| PGH6999 | 9/28/2023 | 6671792-10-03 |

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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 |
|---|----------|------------------|--------|
| 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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Order # 6671792-10-03/ABInvRE.MDX

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| 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 |
| 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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TOTAL DUE: \$ 47.00

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| PGH6999 | 9/28/2023 | 6686846-02-03 |

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Los Angeles, CA 90017

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|---|--|
| 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 |
| 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 | 6686846-02-03 |

TOTAL DUE: \$ 47.00

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| PGH6999 | 9/28/2023 | 6686846-03-03 |

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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/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 |
| 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 | 6686846-03-03 |

TOTAL DUE: \$ 47.00

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| 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

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

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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 |
|---|----------|------------------|--------|
| 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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| PGH6999 | 9/30/2023 | 6689993-04-07 |

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

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Los Angeles, CA 90017

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|---|--|
| 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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| 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 |
|---|----------|------------------|----------------|
| 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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TOTAL DUE: \$ 47.00

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

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| 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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| PGH6999 | 8/25/2023 | 6689993-11-01 |

TOTAL DUE: \$ 147.00

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| 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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TOTAL DUE: \$ 47.00

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