

**Invoice**

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

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

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

Terms: Cash Only

Bill To: Lalo Garcia
Manning & Kass, Ellrod, Ramirez, Trester LLP
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

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

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AND MAKE CHANGES TO
ADDRESS BELOW.

Remittance Copy

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TOTAL DUE: \$ 98.08

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