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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6672304-02-01

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

Terms: Cash Only

Bill To: Richard G. Garcia, Esq.  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
One California Street, Suite 900  
San Francisco, CA 94111

Ship To: Richard G. Garcia, Esq.  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
One California Street, Suite 900,  
San Francisco, CA 94111

<b>PERTAINING TO:</b> Rob Sumagang <b>CASE TITLE:</b> Rob Sumagang / ALW Enterprises <b>CASE NUMBER:</b> BCV-21-102224-JEB	<b>FIRMS NUMBER:</b> 7264-70046 <b>INSURED:</b> <b>DATE OF LOSS:</b> 12/17/2019 <b>CLAIM/ POLICY#:</b> /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Core-Mark International, Inc.</b> <b>West Sacramento, CA</b> Fee Advance Charge - per payment Notice to Consumer Basic Fee - Subpoena Subpoena Preparation Trip Charge Witness Fee	1.00     1.00	5.00    15.00	5.00 5.00 37.00 12.50 15.00 15.00
Regarding: Rob Sumagang at Core-Mark International, Inc. West Sacramento		<b>SUB-TOTAL</b>	89.50
Closed - Client No Response - Please see attached status letter. slf		<b>SALES TAX</b>	.43
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	89.93

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6694754-07-01

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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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<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/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>
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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Highland Hospital/Billing Office San Leandro, CA</b>			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	1.00	15.00	15.00
Witness Fee			15.00
Affidavit of No Billing			7.50
Basic Fee - Subpoena			37.00
Regarding: CARLOS ZEPEDA at Highland Hospital/Billing Office San Leandro		<b>SUB-TOTAL</b>	<b>97.00</b>
Please find the attached affidavit of no billings. abw		<b>SALES TAX</b>	<b>1.08</b>
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**TOTAL DUE: \$ 98.08**

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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> /
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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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**TOTAL DUE: \$ 333.16**

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
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			
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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<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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# 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

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One California Street, Suite 900  
San Francisco, CA 94111

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>ProHealth Advanced Imaging/Radiology Los Angeles,CA</b>			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Shipping and Handling	1.00	11.50	11.50
Subpoena Preparation			12.50
Witness Fee			15.00
CD Duplication	1.00	5.00	5.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
X-Ray Report			24.00
X-Ray Fee - Custodial			240.00
Regarding: Diva Abdul Mansour at ProHealth Advanced Imaging/Radiology Los Angeles		<b>SUB-TOTAL</b>	<b>385.00</b>
Please note, films were previously shipped. kpf		<b>SALES TAX</b>	<b>24.62</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>409.62</b>

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6990	10/30/2023	6750365-03-01

**TOTAL DUE: \$ 409.62**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/23/2023	6751080-05-03

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

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

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Pranay Patel, MD/Billing Torrance, CA</b>			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Rush Handling			25.00
Basic Fee - Subpoena			37.00
Regarding: Willie Byron O'Neal at Pranay Patel, MD/Billing Torrance		<b>SUB-TOTAL</b>	<b>129.50</b>
Please find the attached affidavit of no records. sf		<b>SALES TAX</b>	<b>.43</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>129.93</b>

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6990	10/23/2023	6751080-05-03

**TOTAL DUE: \$ 129.93**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-38-01

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

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One California Street, Suite 900  
San Francisco, CA 94111

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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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San Francisco, CA 94111

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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Positive Solutions/Billing San Fernando, CA</b>			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			30.00
Affidavit of No Billing			7.50
Basic Fee - Subpoena			37.00
Regarding: Alfredo Marquez Rodriguez AKA Alfredo Rafael Rodriguez at Positive Solutions/Billing San Fernando		<b>SUB-TOTAL</b>	127.00
Please find the attached affidavit of no billings. kpf		<b>SALES TAX</b>	1.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	128.08

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6990	10/31/2023	6751546-39-01

**TOTAL DUE: \$ 128.08**

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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  TOTAL DUE	94.50 .48  94.98

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Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6672428-09-01

**TOTAL DUE: \$ 94.98**

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Order # 6672428-09-01/ABInVRE.MDX

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

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

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

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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 113.98**

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**Invoice**

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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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Los Angeles, CA 90017

Ship To: Fiona Miller  
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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> /
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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

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

**TOTAL DUE: \$ 115.80**

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Order # 6696041-04-01/ABlinvRE.MDX

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>California Hospital Medical Center/Business Office Los Angeles, CA</b>			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Bates Numbering - per Page	717.00	0.05	35.85
Subpoena Preparation			12.50
Trip Charge	2.00	15.00	30.00
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Pages	717.00	0.18	129.06
Regarding: Norma Diaz at California Hospital Medical Center/Business Office Los Angeles			<b>SUB-TOTAL</b> 269.41
Please find the attached Medical Records! abw			<b>SALES TAX</b> 16.14
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> 285.55

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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**

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



# Invoice

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

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

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

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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

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

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>California Hospital Medical Center/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
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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 105.98**

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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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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>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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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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Los Angeles, CA 90017

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

**TOTAL DUE: \$ 170.97**

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

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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Bill To: Rodrigo Bozoghlian, Esq. **\*\*NO LONGER WITH FIRM 11/9/23\*\***  
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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

<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		SUB-TOTAL	87.00
Please find the attached status letter. kks		SALES TAX	.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

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

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Manning & Kass  
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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> 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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Los Angeles, CA 90017

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
Regarding: Gabriel Gerbi at Aetna Health and Life Insurance Company Hartford		<b>SUB-TOTAL</b>	32.52
Please find the attached Documents! ebg		<b>SALES TAX</b>	.04
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>	32.56

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Los Angeles, CA 90017

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-01-03

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

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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

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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/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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Los Angeles, CA 90017

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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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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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

<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 /
---	--

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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Los Angeles, CA 90017

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

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
<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>	<b>138.75</b>
Please find the attached Medical and Billing Records! Idj		<b>SALES TAX</b>	<b>.24</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>138.99</b>

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**TOTAL DUE: \$ 138.99**

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# Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-04-07

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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>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		<b>SUB-TOTAL</b>	<b>347.00</b>
Please note, films were previously shipped. kdp		<b>SALES TAX</b>	<b>28.50</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>375.50</b>

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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		<b>SUB-TOTAL</b>	47.00
Per your office, this case has settled. kpf		<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>	47.00

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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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**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
<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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PGH6999	8/24/2023	6689993-15-01

**TOTAL DUE: \$ 47.00**

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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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Order # 6706767-01-01/ABlinvRE.MDX

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-01-03

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> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center Corona, CA</b>			
OCR	56.00	0.03	1.68
Pages	56.00	0.10	5.60
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Corona Regional Medical Center Corona</b>		<b>SUB-TOTAL</b>	<b>54.28</b>
<b>Please find the attached Medical Records! ebg</b>		<b>SALES TAX</b>	<b>.53</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>54.81</b>

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PGH6999	9/28/2023	6708017-01-03

**TOTAL DUE: \$ 54.81**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center/Business Office Corona, CA</b>			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Business Office Corona		<b>SUB-TOTAL</b>	<b>47.26</b>
Please find the attached billing records. ebg		<b>SALES TAX</b>	<b>.02</b>
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PGH6999	9/28/2023	6708017-02-03

**TOTAL DUE: \$ 47.28**

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center/Radiology Dept. Corona,CA</b> CD Witness Fee X-Ray Fee - Custodial Basic Fee - Subpoena	1.00	4.00	4.00 15.00 150.00 32.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Radiology Dept. Corona		SUB-TOTAL	201.00
Please note, films were previously shipped. Idj		SALES TAX	14.63
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	215.63

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PGH6999	9/28/2023	6708017-03-03

**TOTAL DUE: \$ 215.63**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Ortiz Chiropractic Corona, CA</b>			
OCR	38.00	0.03	1.14
Pages	38.00	0.10	3.80
Custodial Fee			135.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Ortiz Chiropractic Corona		<b>SUB-TOTAL</b>	186.94
Please find the attached Medical and Billing Records! ahb		<b>SALES TAX</b>	.36
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>	187.30

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/6/2023	6708017-04-03

**TOTAL DUE: \$ 187.30**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/16/2023	6708017-05-01

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>SimonMed Imaging Corporate Legal Office Altamonte Springs,FL</b>			
OCR	16.00	0.03	.48
Photo Duplication	1.00	0.50	.50
Basic Fee - Subpoena			32.00
Pages	16.00	0.10	1.60
Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office Altamonte Springs			
Please find the attached Medical Records, Billing Records and Laser Copy. Idj			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			34.58
SALES TAX			.20
TOTAL DUE			34.78

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/16/2023	6708017-05-01

**TOTAL DUE: \$ 34.78**

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PGH6999	8/23/2023	6708017-06-01

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

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Los Angeles, CA 90017

Ship To: William Kelsberg  
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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs,FL</b>			
CD	1.00	4.00	4.00
Shipping and Handling	1.00	9.50	9.50
Basic Fee - Subpoena			32.00
X-Ray Fee - Custodial			30.00
<b>Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs</b>		<b>SUB-TOTAL</b>	<b>75.50</b>
<b>Please note, films were previously shipped. aki</b>		<b>SALES TAX</b>	<b>4.13</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>79.63</b>

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**TOTAL DUE: \$ 79.63**

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# Invoice

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Hassan Badday, MD Irvine, CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Nadine Elzein at Hassan Badday, MD Irvine  Please find the attached status letter. smc  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	47.00 .00 47.00

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Hassan Badday, MD/Billing Irvine,CA</b>			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Hassan Badday, MD/Billing Irvine</b>		<b>SUB-TOTAL</b>	<b>47.26</b>
<b>Please find the attached billing records. Idj</b>		<b>SALES TAX</b>	<b>.02</b>
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**TOTAL DUE: \$ 47.28**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
DG Medical Imaging Long Beach, CA Basic Fee - Subpoena			32.00
Regarding: Nadine Elzein at DG Medical Imaging Long Beach		SUB-TOTAL	32.00
Please find the attached status letter. ahb		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	32.00

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**TOTAL DUE: \$ 32.00**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Hope Ambulatory Surgery Center Irvine, CA</b>			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Hope Ambulatory Surgery Center Irvine</b>		<b>SUB-TOTAL</b>	<b>50.90</b>
<b>Please find the attached Medical Records! There are no X-rays. Idj</b>		<b>SALES TAX</b>	<b>.28</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>51.18</b>

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**TOTAL DUE: \$ 51.18**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Pacific Pain and Regenerative Medicine Irvine, CA</b>			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Pacific Pain and Regenerative Medicine Irvine</b>		<b>SUB-TOTAL</b>	<b>50.90</b>
<b>Please find the attached Medical Records! There are no X-rays. smc</b>		<b>SALES TAX</b>	<b>.28</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>51.18</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Monox Billing Service Irvine,CA</b>			
OCR	1.00	0.03	.03
Pages	1.00	0.10	.10
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Monox Billing Service Irvine</b>		<b>SUB-TOTAL</b>	<b>47.13</b>
<b>Please find the attached billing records. ebg</b>		<b>SALES TAX</b>	<b>.01</b>
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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Balance of Wellness Temecula,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Nadine Elzein at Balance of Wellness Temecula</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Please find the attached status letter. ahh</b>		<b>SALES TAX</b>	<b>.00</b>
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Ortiz Chiropractic Corona, CA</b> CD Basic Fee - Subpoena X-Ray Fee - Custodial	1.00	4.00	4.00 32.00 70.00
Regarding: Nadine Elzein at Ortiz Chiropractic Corona		SUB-TOTAL	106.00
Please note, films were previously shipped. smc		SALES TAX	7.03
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	113.03

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