



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.

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

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

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

TOTAL DUE: \$ 89.93

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

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



Order # 6672304-02-01/ABInvRE.MDX

**Invoice**

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

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

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

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: 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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 89.93

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

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



Order # 6694754-07-01/ABInvRE.MDX



Invoice

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

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

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: 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/Business Office Oakland,CA Notice to Consumer Subpoena Preparation Basic Fee - Subpoena Witness Fee			5.00 12.50 37.00 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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 69.93

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

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



Order # 6694754-08-01/ABInvRE.MDX

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6694754-09-01

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: 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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6694754-09-01

TOTAL DUE: \$ 89.93

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

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



Order # 6694754-09-01/ABInvRE.MDX



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.

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

Remittance Copy

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

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

TOTAL DUE: \$ 98.08

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

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



Order # 6704899-02-01/ABInVRE.MDX

**Invoice**

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

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

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: 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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 333.16

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

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



Order # 6716604-06-01/ABInvRE.MDX



Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6730055-06-01

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: 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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6730055-06-01

TOTAL DUE: \$ 267.60

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

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



Order # 6730055-06-01/ABInvRE.MDX



Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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
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
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			SEE NEXT PAG
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 PAGE

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6732278-01-03

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

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



* 6 7 3 2 2 7 8 - 0 1 - 0 3 *

Order # 6732278-01-03/ABInVRE.MDX

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/24/2023	6732278-01-03

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

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
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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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**
P.O. Box 2970
Springfield, MO 65801-2970



Order # 6732278-01-03/ABlinvRE.MDX



Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/16/2023	6738935-01-01

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: 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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/16/2023	6738935-01-01

TOTAL DUE: \$ 121.42

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

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



Order # 6738935-01-01/ABInvRE.MDX

**Invoice**

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

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

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: 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			
Please find the attached billing records. 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			142.38
SALES TAX			1.54
TOTAL DUE			143.92

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

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

Remittance Copy

Bill To: 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.

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



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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/30/2023	6750365-03-01

TOTAL DUE: \$ 409.62

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

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



Order # 6750365-03-01/ABInvRE.MDX

**Invoice**

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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 129.93

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

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



Order # 6751080-05-03/ABInvRE.MDX



Invoice

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

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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 128.08

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

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



Order # 6751546-38-01/ABInvRE.MDX



Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-39-01

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/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

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-39-01

TOTAL DUE: \$ 128.08

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

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



Order # 6751546-39-01/ABInvRE.MDX

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-40-01

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/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			
Please find the attached affidavit of no X-rays. 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			147.00
SALES TAX			1.08
TOTAL DUE			148.08

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6990	10/31/2023	6751546-40-01

TOTAL DUE: \$ 148.08

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

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



Order # 6751546-40-01/ABInvRE.MDX



Invoice

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	94.50 .48
		TOTAL DUE	94.98

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

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

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

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

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



Order # 6672428-09-01/ABInvRE.MDX

Remittance Copy

**Invoice**

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

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

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

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/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

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

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

Remittance Copy

Bill To: 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	6672428-11-03

TOTAL DUE: \$ 113.98

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

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



Order # 6672428-11-03/ABInVRE.MDX



Invoice

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

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

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

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

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

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

Bill To: Fiona Miller
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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.

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



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

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	FIRMS NUMBER: 7858-70044
CASE TITLE: Norma Diaz / Neutron Holdings, Inc. db	INSURED: Neutron Holdings, Inc. dba Limebike
CASE NUMBER: 22STCV17887	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

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

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

Remittance Copy

Bill To: Fiona Miller
Manning & Kass
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

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

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



Order # 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

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
California Hospital Medical Center Los Angeles,CA			
Fee Advance Charge - per payment	1.00	5.00	5.00
Notice to Consumer			5.00
Bates Numbering - per Page	123.00	0.05	6.15
Pages	123.00	0.18	22.14
Subpoena Preparation			12.50
Witness Fee			15.00
Basic Fee - Subpoena			37.00
Trip Charge	2.00	15.00	30.00
Regarding: Da'John Brown at California Hospital Medical Center Los Angeles			SUB-TOTAL 132.79
Please find the attached Medical Records! kpf			SALES TAX 3.16
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			TOTAL DUE 135.95

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

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

Remittance Copy

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
6999	10/24/2023	6742372-05-01

TOTAL DUE: \$ 135.95

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

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



Order # 6742372-05-01/ABInvRE.MDX

**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

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/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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 105.98

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

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



Order # 6742372-12-01/ABlinvRE.MDX

**Invoice**

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

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

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
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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 320.35

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

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



Order # 6742372-14-01/ABInvRE.MDX

**Invoice**

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

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

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

Terms: Cash Only

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

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

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

Remittance Copy

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

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

TOTAL DUE: \$ 170.97

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

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



Order # 6743069-01-01/ABInvRE.MDX

**Invoice**

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

Terms: Cash Only

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

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

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

Bill To: Rodrigo Bozoghlian, Esq. ****NO LONGER WITH FIRM 11/9/23****
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
ELCO6999	10/27/2023	6685296-12-01

TOTAL DUE: \$ 87.00

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

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



Order # 6685296-12-01/ABInvRE.MDX

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23** Onopa
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
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

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

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

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23**
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

TOTAL DUE: \$ 47.00

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

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



Order # 6671792-08-03/ABInvRE.MDX

Remittance Copy

**Invoice**

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

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

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23** Onopa
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
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

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

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

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23**
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 32.56

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

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



Order # 6671792-10-03/ABInvRE.MDX

* 6 6 7 1 7 9 2 - 1 0 - 0 3 *

**Invoice**

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

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

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23** Onopa
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
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

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

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

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23**
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 47.00

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

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



* 6 6 8 6 8 4 6 - 0 1 - 0 3 *

Order # 6686846-01-03/ABInvRE.MDX

Remittance Copy

**Invoice**

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

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

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23** Onopa
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
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/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

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

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

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23**
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 47.00

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

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



* 6 6 8 6 8 4 6 - 0 2 - 0 3 *

Order # 6686846-02-03/ABInvRE.MDX

Remittance Copy

**Invoice**

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

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

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23** Onopa
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP
801 South Figueroa, 15th Floor,
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

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

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

Bill To: Rodrigo Bozoghlian, Esq.**NO LONGER WITH FIRM 11/9/23**
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 47.00

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

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



Order # 6686846-03-03/ABInvRE.MDX

**Invoice**

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

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

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

Terms: Cash Only

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

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

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

Remittance Copy

Bill To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 64.93

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

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



Order # 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
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

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

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

Bill To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 138.99

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

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



Order # 6689993-03-07/ABInvRE.MDX

Remittance Copy



Invoice

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

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

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
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

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

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

Bill To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 375.50

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

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



Order # 6689993-04-07/ABInvRE.MDX



Invoice

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

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

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
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

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

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

Bill To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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

TOTAL DUE: \$ 47.00

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

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



Order # 6689993-06-01/ABlinvRE.MDX