

## Angela Pogliano

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**From:** Kristi LeFaivre  
**Sent:** Friday, July 8, 2022 10:39 AM  
**To:** Angela Pogliano  
**Subject:** FW: [EXT] Maryland Client Protection Fund

FYI – thx!

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**From:** donotreply@egov.com <donotreply@egov.com>  
**Sent:** Friday, July 8, 2022 10:31 AM  
**Subject:** [EXT] Maryland Client Protection Fund

**CAUTION:** This email originated from outside of Sinclair. Do not click links or open attachments unless you recognize the sender and know the content is safe.

## Payment Receipt Confirmation

Your payment may take up to 24 hours to process.  
Note: Your bank statement will reflect a charge for AIS Online Payment.

### Receipt Contact Information

**Contact Name** Client Protection Fund of  
the Bar of Maryland  
**Contact Email** [mdsupport@egov.com](mailto:mdsupport@egov.com)  
**Contact Phone** 1-855-745-1798  
**Contact Url** <http://www.maryland.gov/pages/support.aspx>

### Transaction Summary

Description	Order ID	Amount
Attorney Information System (AIS) Client Protection Fund		\$130.00
Transaction Summary	60310104	\$130.00
Description	Order ID	Amount
Non-refundable NIC Maryland Service Fee	60310106	\$3.60

This service is provided by NIC Maryland, a third party working under a contract administered by the Maryland Administrative Office of the Courts (AOC).

### Customer Information

**Customer Name** Kristi L. LeFaivre  
**Local Reference ID** 9906240007\_2023JULY\_BILLING3352568\_13000\_1  
**Receipt Date** 7/8/2022

**Receipt** 10:31:06 AM EDT  
**Time**

### Payment Information

<b>Payment Type</b>	Credit Card
<b>Credit Card Type</b>	AMEX
<b>Credit Card Number</b>	*****2001
<b>Billing Name</b>	Angela Pogliano

### Billing Information

<b>Billing Address</b>	10706 BEAVER DAM ROAD
<b>Billing City, State</b>	HUNT VALLEY, MD
<b>ZIP/Postal Code</b>	21030
<b>Country</b>	US

**Phone Number**

**This receipt has been emailed to the address  
below.**

**Email Address** [klefaivre@sbgtv.com](mailto:klefaivre@sbgtv.com)