

Figure 1

[illegible]

[illegible]

FEDERAL BUREAU OF INVESTIGATION		Form 1040		2012		Department of Justice	
Name of the person or entity		Address		City and State		Zip Code	
JAMES EARL RAY		1000 17th Avenue South		Nashville, Tennessee		37203	
Date of birth		Date of death		Date of arrest		Date of conviction	
03-22-1928				04-04-1968		04-04-1968	
Place of birth		Place of death		Place of arrest		Place of conviction	
Alton, Illinois				Nashville, Tennessee		Nashville, Tennessee	
Occupation		Employer		Employer		Employer	
Attorney		Ray, James Earl		Ray, James Earl		Ray, James Earl	
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Alton, Illinois				Nashville, Tennessee		Nashville, Tennessee	
Occupation		Employer		Employer		Employer	
Attorney		Ray, James Earl		Ray, James Earl		Ray, James Earl	

IT Support Services

Client Information		Service Details		Billing Information	
Client Name: ABC Corporation Address: 123 Main St, Suite 500 City: New York, NY 10001 Phone: (212) 555-1234		Service Type: IT Support Start Date: 01/01/2012 End Date: 12/31/2012		Invoice Number: 1001 Invoice Date: 01/01/2012	
Project Name: System Upgrade Project Manager: John Doe Project Status: In Progress		Service Description: IT Support Service Level: 24/7 Service Area: New York, NY		Rate Card: \$100/hour Discount: 10% Net Total: \$9,000	
Client Contact: Jane Smith Client Email: jane.smith@abc.com Client Phone: (212) 555-1234		Service Provider: IT Support Service Provider Address: 456 Main St, Suite 100 Service Provider City: New York, NY 10001		Payment Terms: Net 30 Payment Method: Credit Card Payment Due Date: 02/01/2012	
Client Agreement: I agree to the terms and conditions of this service. Client Signature: [Signature] Client Title: Director of IT		Service Agreement: I agree to the terms and conditions of this service. Service Provider Signature: [Signature] Service Provider Title: IT Support		Payment Confirmation: I confirm the payment of this invoice. Payment Confirmation Signature: [Signature] Payment Confirmation Title: Director of IT	