**Customer**: 0603781187 **Name**: Mariah Davis DDS

Address:

9580 Maldonado Village

Cassidystad, Massachusetts 12548 **Home Phone:** +1-782-742-9727x2025

Invoice #: INV-1K3ZP-18
Transaction ID: H26897085040

**Generated On:** 2023-04-12T21:08:50Z

**Invoice Status:** Paid

**Payment Date: 2023-03-30** 

Item 1	\$5,533.60
Item 2	\$1,211.35
Item 3	\$2,570.18
Total	9315.13