**Customer**: 7277216934

Name: Kathleen Hudson DDS

Address:

5517 Palmer Corners

Cartermouth, Arkansas 14509

Home Phone: +1-555-960-1761x34993

Invoice #: INV-2Q4ZU-25
Transaction ID: C28025776597

**Generated On:** 2023-04-14T13:21:13Z

Invoice Status: Paid

**Payment Date: 2023-05-11** 

| Item 1 | \$869.81    |
|--------|-------------|
| Item 2 | \$82,190.54 |
| Item 3 | \$14,367.88 |
| Total  | 97428.23    |