

**Customer:** 7008282913  
**Name:** Dr. Karen Fisher DVM  
**Address:**  
7158 Jones Isle Apt. 496  
Howellmouth, Maine 33505  
**Home Phone:** 833-871-9088

**Invoice #: INV-3X0NC-85**  
**Transaction ID: E61990951099**

**Generated On:** 2023-02-15T19:12:46Z  
**Invoice Status:** Paid  
**Payment Date:** 2023-01-29

Item 1	\$855.73
Item 2	\$5.97
Item 3	\$5,677.79
Total	6539.49