**Customer**: 5977546695 **Name**: Billy Webb DDS

Address:

3478 Joseph Crossroad Suite 832 West Bailey, Arkansas 67463 **Home Phone:** (901)929-4504

Invoice #: INV-3P9QI-96
Transaction ID: K97326371139

**Generated On:** 2023-04-02T08:58:51Z

Invoice Status: Paid

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

Item 1	\$61.63
Item 2	\$0.35
Item 3	\$5,586.33
Total	5648.31