

**Customer:** 1942596410  
**Name:** William Howe DDS  
**Address:**  
7866 Jones Mountain Apt. 867  
North Andrea, Michigan 78170  
**Home Phone:** 899.574.5159

**Invoice #: INV-5C2WT-96**  
**Transaction ID: D71029427256**

**Generated On:** 2023-05-22T01:52:43Z  
**Invoice Status:** Paid  
**Payment Date:** 2023-05-18

Item 1	\$9,336.17
Item 2	\$341.16
Item 3	\$8,127.56
Total	17804.89