



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6654224-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Charles L. Harris  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Workers Compensation Appeals Board<br/>Los Angeles,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Witness Fee   |          |                  | 15.00  |
| Bates Numbering   | 252.00   | 0.05             | 12.60  |
| Basic Fee - Copy  |          |                  | 24.00  |
| Pages   | 252.00   | 0.15             | 37.80  |
| Regarding: Claudia Rodriguez Portillo at Workers Compensation Appeals Board Los Angeles   |          | <b>SUB-TOTAL</b> | 96.65  |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | 4.29   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 100.94 |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6654224-01-03 |

**TOTAL DUE: \$ 100.94**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6657990-03-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>LAZ Parking<br/>Glendale, CA</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Claudia Rodriguez Portillo at LAZ Parking Glendale   |          | SUB-TOTAL  | 34.00  |
| Please find the attached status letter. abw   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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| 861629      | 8/2/2024      | 6657990-03-03 |

**TOTAL DUE: \$ 34.00**

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| 861629      | 8/2/2024      | 6660818-01-05 |

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Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b> 1400 Fig LLC, et al<br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>Edwin Haronian, MD<br/>Sherman Oaks, CA</b>  |          |            |                  |
| Bates Numbering   | 84.00    | 0.05       | 4.20             |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50             |
| Witness Fee   |          |            | 15.00            |
| Shipping and Handling   | 1.00     | 5.00       | 5.00             |
| Pages   | 84.00    | 0.15       | 12.60            |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Custodial Fee   |          |            | 72.00            |
| Regarding: Claudia Rodriguez Portillo at Edwin Haronian, MD Sherman Oaks  |          |            | SUB-TOTAL 147.30 |
| Please find the attached Medical and Billing Records! ahb   |          |            | SALES TAX 1.69   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 148.99 |

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| 861629      | 8/2/2024      | 6660818-01-05 |

**TOTAL DUE: \$ 148.99**

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| 861629      | 8/2/2024      | 6660818-02-03 |

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b> 1400 Fig LLC, et al<br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Edwin Haronian, MD/Radiology<br/>Sherman Oaks,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Claudia Rodriguez Portillo at Edwin Haronian, MD/Radiology Sherman Oaks  |          | SUB-TOTAL  | 51.25                  |
| Closed - Fees Declined or No Response - Please see attached status letter. ebg  |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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**TOTAL DUE: \$ 51.25**

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| 861629      | 8/2/2024      | 6666881-15-03 |

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Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Jasmyn Ashley Jaso<br><b>CASE TITLE:</b> Jasmyn Ashley Jaso / Arturo Solis Godi<br><b>CASE NUMBER:</b> 30-2020-01270919 | <b>FIRMS NUMBER:</b> 41365.145<br><b>INSURED:</b> ASG Scaffolding, Inc.<br><b>DATE OF LOSS:</b> 5/19/2022<br><b>CLAIM/ POLICY#:</b> 30286 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>City of Fullerton Fire Department<br/>Fullerton, CA</b>  |          |                  |              |
| Bates Numbering   | 16.00    | 0.05             | .80          |
| Pages   | 16.00    | 0.15             | 2.40         |
| Custodial Fee   |          |                  | 30.00        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50         |
| Shipping and Handling   | 1.00     | 5.00             | 5.00         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Jasmyn Ashley Jaso at City of Fullerton Fire Department Fullerton  |          | <b>SUB-TOTAL</b> | <b>76.70</b> |
| Please find the attached Documents! rdb   |          | <b>SALES TAX</b> | <b>.64</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>77.34</b> |

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| 861629      | 8/2/2024      | 6666881-15-03 |

**TOTAL DUE: \$ 77.34**

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| 861629      | 8/2/2024      | 6669267-12-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Colleen Butler<br><b>CASE TITLE:</b> Colleen Butler / Lucia Arias, et al.<br><b>CASE NUMBER:</b> 21STCV36840 | <b>FIRMS NUMBER:</b> 41365.152<br><b>INSURED:</b> Jimenez Demolition, Inc.<br><b>DATE OF LOSS:</b> 10/18/2019<br><b>CLAIM/ POLICY#:</b> 33139 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sunset Diagnostic Radiology/Radiology<br/>Oxnard,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| X-Ray Fee - Custodial   |          |                  | 135.00 |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Colleen Butler at Sunset Diagnostic Radiology/Radiology Oxnard   |          | <b>SUB-TOTAL</b> | 193.50 |
| Please note, films were previously shipped. kpf   |          | <b>SALES TAX</b> | 10.85  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 204.35 |

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| 861629      | 8/2/2024      | 6669267-12-03 |

**TOTAL DUE: \$ 204.35**

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| 861629      | 8/2/2024      | 6669267-15-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Colleen Butler<br><b>CASE TITLE:</b> Colleen Butler / Lucia Arias, et al.<br><b>CASE NUMBER:</b> 21STCV36840 | <b>FIRMS NUMBER:</b> 41365.152<br><b>INSURED:</b> Jimenez Demolition, Inc.<br><b>DATE OF LOSS:</b> 10/18/2019<br><b>CLAIM/ POLICY#:</b> 33139 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Hatzolah Ambulance of Los Angeles<br/>Los Angeles,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena          | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Colleen Butler at Hatzolah Ambulance of Los Angeles Los Angeles  |          | SUB-TOTAL  | 51.25                  |
| Closed - Facility No Response - Please see attached status letter. smc  |          | SALES TAX  | .00                    |
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| 861629      | 8/2/2024      | 6669267-15-03 |

**TOTAL DUE: \$ 51.25**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/1/2024      | 6736821-13-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Meegan Moloney, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Meegan Moloney, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Beth Hurewitz                       | <b>FIRMS NUMBER:</b> 10085.469 |
| <b>CASE TITLE:</b> BETH HUREW / IHG MANAGEMENT (MARYLAND) | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 22TRCV00956                           | <b>DATE OF LOSS:</b> 3/1/2020  |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Asthma and Allergy Specialists<br/>Saint Augustine,FL</b>  |          |                  |              |
| Bates Numbering   | 1.00     | 0.05             | .05          |
| Pages   | 1.00     | 0.15             | .15          |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Shipping and Handling   | 1.00     | 7.00             | 7.00         |
| Rush Handling   |          |                  | 25.00        |
| Regarding: Beth Hurewitz at Asthma and Allergy Specialists Saint Augustine  |          | <b>SUB-TOTAL</b> | <b>66.20</b> |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | <b>.68</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>66.88</b> |

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| 861629      | 8/1/2024      | 6736821-13-01 |

**TOTAL DUE: \$ 66.88**

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| 861629      | 8/2/2024      | 6752921-01-03 |

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Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Associated Lien Services Inc.<br/>Sherman Oaks,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Bates Numbering   | 146.00   | 0.05             | 7.30   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 146.00   | 0.15             | 21.90  |
| Regarding: Claudia Rodriguez Portillo at Associated Lien Services Inc. Sherman Oaks   |          | <b>SUB-TOTAL</b> | 85.45  |
| Please find the attached billing records. abw   |          | <b>SALES TAX</b> | 2.65   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 88.10  |

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| 861629      | 8/2/2024      | 6752921-01-03 |

**TOTAL DUE: \$ 88.10**

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| 861629      | 8/6/2024      | 6770982-01-05 |

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>AmTrust North America, Inc.<br/>Los Angeles,CA</b>   |          |            |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25   |
| Shipping and Handling   | 1.00     | 5.00       | 5.00   |
| Witness Fee   |          |            | 15.00  |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Bates Numbering   | 3,190.00 | 0.05       | 159.50 |
| Pages   | 3,190.00 | 0.15       | 478.50 |
| Regarding: Claudia Rodriguez Portillo at AmTrust North America, Inc. Los Angeles  |          |            |        |
| Please find the attached Documents! ckp   |          |            |        |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |        |
| SUB-TOTAL   |          |            | 694.25 |
| SALES TAX   |          |            | 49.83  |
| TOTAL DUE   |          |            | 744.08 |

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| 861629      | 8/6/2024      | 6770982-01-05 |

**TOTAL DUE: \$ 744.08**

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| 861629      | 8/6/2024      | 6770982-02-03 |

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P.O. Box 86367  
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Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
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|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |                  |               |
| Photo Duplication   | 1.00     | 4.00             | 4.00          |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Custodial Fee   |          |                  | 74.20         |
| Bates Numbering   | 142.00   | 0.05             | 7.10          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Pages   | 141.00   | 0.15             | 21.15         |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          | <b>SUB-TOTAL</b> | <b>144.95</b> |
| Please find the attached Documents and Laser Copy! ebg  |          | <b>SALES TAX</b> | <b>2.50</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>147.45</b> |

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**TOTAL DUE: \$ 147.45**

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Costa Mesa, CA 92626

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |            |                  |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50             |
| Bates Numbering   | 171.00   | 0.05       | 8.55             |
| Custodial Fee   |          |            | 77.10            |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Pages   | 171.00   | 0.15       | 25.65            |
| Photo Duplication   | 21.00    | 4.00       | 84.00            |
| Photo Duplication   | 21.00    | 12.00      | 252.00           |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          |            | SUB-TOTAL 485.80 |
| Please find the attached Documents and Laser Copies! ebg  |          |            | SALES TAX 28.69  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 514.49 |

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**TOTAL DUE: \$ 514.49**

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Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |                  |               |
| Bates Numbering   | 84.00    | 0.05             | 4.20          |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Custodial Fee   |          |                  | 68.40         |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Pages   | 55.00    | 0.15             | 8.25          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Photo Duplication   | 29.00    | 4.00             | 116.00        |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          | <b>SUB-TOTAL</b> | <b>240.35</b> |
| Please find the attached Documents and Laser Copies! ebg  |          | <b>SALES TAX</b> | <b>10.34</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>250.69</b> |

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**TOTAL DUE: \$ 250.69**

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                  |
|---|----------|------------|-------------------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |            |                         |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50                    |
| Shipping and Handling   | 1.00     | 5.00       | 5.00                    |
| Custodial Fee   |          |            | 55.30                   |
| Bates Numbering   | 103.00   | 0.05       | 5.15                    |
| Pages   | 55.00    | 0.15       | 8.25                    |
| Basic Fee - Subpoena  |          |            | 34.00                   |
| Photo Duplication   | 48.00    | 4.00       | 192.00                  |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          |            | <b>SUB-TOTAL</b> 304.20 |
| Please find the attached Documents and Laser Copies! akl  |          |            | <b>SALES TAX</b> 16.31  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | <b>TOTAL DUE</b> 320.51 |

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**TOTAL DUE: \$ 320.51**

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Los Angeles, CA 90086

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Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |                  |        |
| Bates Numbering   | 23.00    | 0.05             | 1.15   |
| Pages   | 23.00    | 0.15             | 3.45   |
| Custodial Fee   |          |                  | 62.30  |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          | <b>SUB-TOTAL</b> | 110.40 |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | .74    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 111.14 |

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| 861629      | 8/6/2024      | 6770982-06-03 |

**TOTAL DUE: \$ 111.14**

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |            |                  |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50             |
| Shipping and Handling   | 1.00     | 5.00       | 5.00             |
| Custodial Fee   |          |            | 77.20            |
| Bates Numbering   | 172.00   | 0.05       | 8.60             |
| Pages   | 63.00    | 0.15       | 9.45             |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Photo Duplication   | 109.00   | 4.00       | 436.00           |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          |            | SUB-TOTAL 574.75 |
| Please find the attached Documents and Laser Copies! akl  |          |            | SALES TAX 35.58  |
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650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |            |                  |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50             |
| Bates Numbering   | 133.00   | 0.05       | 6.65             |
| Custodial Fee   |          |            | 73.30            |
| Pages   | 85.00    | 0.15       | 12.75            |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Photo Duplication   | 47.00    | 4.00       | 188.00           |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          |            | SUB-TOTAL 319.20 |
| Please find the attached Documents and Laser Copies! ebg  |          |            | SALES TAX 16.07  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 335.27 |

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| 861629      | 8/6/2024      | 6770982-08-03 |

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| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Custodial Fee   |          |                  | 72.00  |
| Bates Numbering   | 120.00   | 0.05             | 6.00   |
| Pages   | 120.00   | 0.15             | 18.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          | <b>SUB-TOTAL</b> | 139.50 |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | 2.25   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 141.75 |

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| 861629      | 8/6/2024      | 6770982-10-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Charles L. Harris  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Allstate Insurance Company<br/>Ronkonkoma, NY</b>  |          |                  |               |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Bates Numbering   | 151.00   | 0.05             | 7.55          |
| Custodial Fee   |          |                  | 75.10         |
| Pages   | 112.00   | 0.15             | 16.80         |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Photo Duplication   | 39.00    | 4.00             | 156.00        |
| Regarding: Claudia Rodriguez Portillo at Allstate Insurance Company Ronkonkoma  |          | <b>SUB-TOTAL</b> | <b>293.95</b> |
| Please find the attached Documents and Laser Copies! ebg  |          | <b>SALES TAX</b> | <b>13.98</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>307.93</b> |

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| 861629      | 8/6/2024      | 6770982-10-03 |

**TOTAL DUE: \$ 307.93**

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| 861629      | 8/6/2024      | 6770982-11-03 |

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Bill To: Charles L. Harris  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Charles L. Harris, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, Suite 1400,  
Costa Mesa, CA 92626

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Claudia Rodriguez Portillo<br><b>CASE TITLE:</b> Claudia Rodriguez Portillo / 1400 Fig<br><b>CASE NUMBER:</b> 22STCV20803 | <b>FIRMS NUMBER:</b> 41365.141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/17/2022<br><b>CLAIM/ POLICY#:</b> 00030328 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Liberty Mutual Insurance Company<br/>Boston,MA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Custodial Fee   |          |                  | 72.20  |
| Bates Numbering   | 338.00   | 0.05             | 16.90  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 309.00   | 0.15             | 46.35  |
| Photo Duplication   | 29.00    | 4.00             | 116.00 |
| Regarding: Claudia Rodriguez Portillo at Liberty Mutual Insurance Company Boston  |          | <b>SUB-TOTAL</b> | 294.95 |
| Please find the attached Documents and Laser Copies! akl  |          | <b>SALES TAX</b> | 14.28  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 309.23 |

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| 861629      | 8/6/2024      | 6770982-11-03 |

**TOTAL DUE: \$ 309.23**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/15/2024     | 6782179-12-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Nicholas T. Koumoulis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Nicholas T. Koumoulis  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Angel Torres-Lara AKA MIGUEL        | <b>FIRMS NUMBER:</b> 10085-500                                     |
| <b>CASE TITLE:</b> MIGUEL ANGEL TORRES-LARA / UNITED PUMP | <b>INSURED:</b> UNITED PUMPING SERVICE, INC.; CITY OF SANTA ANA; J |
| <b>CASE NUMBER:</b> 30-2022-01279737-CU-PA-CJC            | <b>DATE OF LOSS:</b>   |
|   | <b>CLAIM/ POLICY#:</b> /   |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| Newport Coast Surgery Center<br>Newport Beach, CA<br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Angel Torres-Lara AKA MIGUEL ANGEL TORRES-LARA at Newport Coast Surgery Center<br>Newport Beach                                      |          | SUB-TOTAL  | 34.00  |
| Please find the attached affidavit of no X-rays. ala  |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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| 861629      | 8/15/2024     | 6782179-12-01 |

**TOTAL DUE: \$ 34.00**

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| 861629      | 8/7/2024      | 6786241-04-03 |

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Terms: Net 30

Bill To: Cory Rogers  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: David C. Portillo, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Jon Jones<br><b>CASE TITLE:</b> JON PATRICK JONES, an individual / BOA<br><b>CASE NUMBER:</b> 37-2023-00014293 | <b>FIRMS NUMBER:</b> 47556.68<br><b>INSURED:</b> Boar s Cross n, Inc.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> TRI1006987 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT        |
|---|----------|------------|---------------|
| Vista Community Clinic/Radiology<br>Vista,CA<br>Affidavit of No Films<br>Basic Fee - Subpoena   |          |            | 5.00<br>34.00 |
| Regarding: Jon Jones at Vista Community Clinic/Radiology Vista  |          | SUB-TOTAL  | 39.00         |
| Please find the attached affidavit of no X-rays. rs   |          | SALES TAX  | .39           |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 39.39         |

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|-------------|---------------|---------------|
| 861629      | 8/7/2024      | 6786241-04-03 |

**TOTAL DUE: \$ 39.39**

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| 861629      | 8/13/2024     | 6798377-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Imani McKinney  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Rebecca Camacho  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> 772 Mountain Shadows Drive, Co      | <b>FIRMS NUMBER:</b> 41365.86  |
| <b>CASE TITLE:</b> STATE FARM GENERAL INS. CO., / FIDELIT | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 21STCV13602                           | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> 23132 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>All City Plumbing<br/>Rancho Cucamonga,CA</b>  |          |                  |        |
| Bates Numbering   | 6.00     | 0.05             | .30    |
| Pages   | 6.00     | 0.15             | .90    |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Photo Duplication   | 11.00    | 4.00             | 44.00  |
| Regarding: 772 Mountain Shadows Drive, Corona, California 92881 at All City Plumbing Rancho Cucamonga   |          | <b>SUB-TOTAL</b> | 121.45 |
| Please find the attached Documents and Laser Copies! rs   |          | <b>SALES TAX</b> | 3.96   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 125.41 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/13/2024     | 6798377-01-03 |

**TOTAL DUE: \$ 125.41**

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| 861629      | 8/14/2024     | 6798584-23-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kyla C. Robinson, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kyla C. Robinson, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Arnold Daniel Dunham<br><b>CASE TITLE:</b> ARNOLD DUNHAM, an individual, / BB 717<br><b>CASE NUMBER:</b> 23STCV24108 | <b>FIRMS NUMBER:</b> 101-164<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY                 | UNIT PRICE               | AMOUNT                      |
|---|--------------------------|--------------------------|-----------------------------|
| <b>Beatriz E. Tamayo, MD</b><br><b>Los Angeles, CA</b><br>Bates Numbering<br>Pages<br>Basic Fee - Subpoena<br>Shipping and Handling             | 4.00<br>4.00<br><br>1.00 | 0.05<br>0.15<br><br>7.00 | .20<br>.60<br>34.00<br>7.00 |
| Regarding: Arnold Daniel Dunham at Beatriz E. Tamayo, MD Los Angeles  |                          | <b>SUB-TOTAL</b>         | 41.80                       |
| Please find the attached billing records. ebg   |                          | <b>SALES TAX</b>         | .74                         |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |                          | <b>TOTAL DUE</b>         | 42.54                       |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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| 861629      | 8/14/2024     | 6798584-23-01 |

**TOTAL DUE: \$ 42.54**

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| 861629      | 8/15/2024     | 6803595-23-01 |

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Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Andrea Holsinger AKA Andrea Ho<br><b>CASE TITLE:</b> Andrea Holsinger / Seyed Tafreshi and<br><b>CASE NUMBER:</b> 23SMCV03780 | <b>FIRMS NUMBER:</b> 50012-8191<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/23/2021<br><b>CLAIM/ POLICY#:</b> TESLA AB949-428224 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT   |
|---|----------|------------------|----------|
| <b>Radiology Disc of Encino<br/>Encino, CA</b>  |          |                  |          |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25     |
| Shipping and Handling   | 1.00     | 5.00             | 5.00     |
| Basic Fee - Subpoena  |          |                  | 34.00    |
| CD Duplication  | 1.00     | 5.00             | 5.00     |
| X-Ray Breakdown   |          |                  | 24.00    |
| X-Ray Fee - Custodial   |          |                  | 1,050.00 |
| Regarding: Andrea Holsinger AKA Andrea Holsinger at Radiology Disc of Encino Encino   |          | <b>SUB-TOTAL</b> | 1,120.25 |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | 102.98   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 1,223.23 |

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| 861629      | 8/15/2024     | 6803595-23-01 |

**TOTAL DUE: \$ 1,223.23**

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| 861629      | 8/2/2024      | 6806251-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Taryn Jill Kucey                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Imaging Healthcare Specialists/Medical Van Nuys,CA</b>   |          |                  |        |
| Bates Numbering   | 5.00     | 0.05             | .25    |
| Pages   | 5.00     | 0.15             | .75    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Custodial Fee   |          |                  | 62.06  |
| Regarding: Taryn Jill Kucey at Imaging Healthcare Specialists/Medical Van Nuys  |          | <b>SUB-TOTAL</b> | 106.31 |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | .62    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 106.93 |

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**TOTAL DUE: \$ 106.93**

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| 861629      | 8/8/2024      | 6806251-08-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Taryn Jill Kucey                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>MBMS, LLC</b><br><b>Somerset,PA</b><br>Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Taryn Jill Kucey at MBMS, LLC Somerset   |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ala   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

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|--|---------------------------------------|
| <b>PERTAINING TO:</b> Taryn Jill Kucey                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Imaging Healthcare Specialists/Radiology<br/>Van Nuys,CA</b>   |          |                  |              |
| Custodial Fee   |          |                  | 10.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Taryn Jill Kucey at Imaging Healthcare Specialists/Radiology Van Nuys</b>   |          | <b>SUB-TOTAL</b> | <b>44.00</b> |
| <b>Per your office, this case has settled. Please note, fees advanced prior to case settling. ala</b>   |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>44.00</b> |

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Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6806251-09-01 |

**TOTAL DUE: \$ 44.00**

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Order # 6806251-09-01/ABlinvRE.MDX



# Invoice

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| 861629      | 8/8/2024      | 6806251-11-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Taryn Jill Kucey                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                 |
|---|----------|------------------|------------------------|
| <b>Select Physical Therapy</b><br><b>League City,PA</b><br>Fee Advance Charge - per payment<br>Basic Fee - Subpoena<br>Custodial Fee            | 1.00     | 2.25             | 2.25<br>34.00<br>40.00 |
| Regarding: Taryn Jill Kucey at Select Physical Therapy League City  |          | <b>SUB-TOTAL</b> | 76.25                  |
| Per your office, this case has settled. Please note, fees advanced prior to case settling. ala  |          | <b>SALES TAX</b> | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 76.25                  |

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**TOTAL DUE: \$ 76.25**

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| 861629      | 8/8/2024      | 6806251-17-01 |

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Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Taryn Jill Kucey                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Select Physical Therapy/Radiology<br/>Mechanicsburg,PA</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Taryn Jill Kucey at Select Physical Therapy/Radiology Mechanicsburg  |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ala   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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**TOTAL DUE: \$ 34.00**

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| 861629      | 8/8/2024      | 6806260-03-01 |

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Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Sarah M. Fiedler                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-C             | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Sage Haven Eastern Medicine &amp; Acupuncture<br/>San Diego,CA</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Sarah M. Fiedler at Sage Haven Eastern Medicine & Acupuncture San Diego  |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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| 861629      | 8/8/2024      | 6806260-03-01 |

**TOTAL DUE: \$ 34.00**

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| 861629      | 8/8/2024      | 6806544-03-01 |

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Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Sarah M. Fiedler                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>San Diego Police Department/Records<br/>San Diego,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 3.00     | 2.25             | 6.75   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Custodial Fee   |          |                  | 51.00  |
| Regarding: Sarah M. Fiedler at San Diego Police Department/Records San Diego  |          | <b>SUB-TOTAL</b> | 106.75 |
| Per your office, this case has settled. Please note, fees advanced prior to case settling. ebg  |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 106.75 |

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| 861629      | 8/8/2024      | 6806544-03-01 |

**TOTAL DUE: \$ 106.75**

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| 861629      | 8/8/2024      | 6806544-08-01 |

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Bill To: Jim Robert  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|  |                                       |
|--|---------------------------------------|
| <b>PERTAINING TO:</b> Sarah M. Fiedler                   | <b>FIRMS NUMBER:</b> 47556.38         |
| <b>CASE TITLE:</b> SARAH M. FEIDLER AND TARYN JILL KUCEY | <b>INSURED:</b> Ridesy LLC            |
| <b>CASE NUMBER:</b> 37-2022-00034114-CU-PA-CTL           | <b>DATE OF LOSS:</b> 4/26/2021        |
|  | <b>CLAIM/ POLICY#:</b> 013244001804 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Progressive Casualty Insurance Company<br/>Cleveland, OH</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Sarah M. Fiedler at Progressive Casualty Insurance Company Cleveland   |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ala   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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**TOTAL DUE: \$ 34.00**

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| 861629      | 8/15/2024     | 6810129-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Marisa N. Sanchez  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Brian H Turner, Esq.  
Law Office of Brian H Turner  
1510 J St Ste 110,  
Sacramento, CA 95814

|  |                               |
|--|-------------------------------|
| <b>PERTAINING TO:</b> Nayeli Tamayo Soria                                | <b>FIRMS NUMBER:</b> 52172-17 |
| <b>CASE TITLE:</b> ALEJANDRA SORIA TAMAYO, ROSA MORALES, <b>INSURED:</b> | <b>DATE OF LOSS:</b>          |
| <b>CASE NUMBER:</b> 23CV012665   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT |
|--|----------|------------------|--------|
| <b>Pediatric Medical Center of Sacramento<br/>Sacramento,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment   | 1.00     | 2.25             | 2.25   |
| Bates Numbering  | 52.00    | 0.05             | 2.60   |
| Pages  | 52.00    | 0.15             | 7.80   |
| Witness Fee  |          |                  | 15.00  |
| Pages - Additional   | 52.00    | 0.10             | 5.20   |
| Shipping and Handling - Additional   | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena   |          |                  | 34.00  |
| Regarding: Nayeli Tamayo Soria at Pediatric Medical Center of Sacramento Sacramento  |          | <b>SUB-TOTAL</b> | 71.85  |
| Please find the attached Medical and Billing Records! There are no X-rays. Please note, all parties have been provided a set of records as requested. rs |          | <b>SALES TAX</b> | 1.78   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.          |          | <b>TOTAL DUE</b> | 73.63  |

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**TOTAL DUE: \$ 73.63**

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| 861629      | 8/14/2024     | 6812045-14-01 |

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Terms: Net 30

Bill To: William Simmons  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William Simmons  
Lewis Brisbois Bisgaard & Smith LLP  
1111 3rd Avenue, Suite 2700,  
Seattle, WA 98121

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Steven Cejka<br><b>CASE TITLE:</b> Steven Cejka / Pick-N-Pull Northwest,<br><b>CASE NUMBER:</b> 23-2-05534-31 | <b>FIRMS NUMBER:</b> 25631.730<br><b>INSURED:</b> Pick-N-Pull Northwest, LLC.<br><b>DATE OF LOSS:</b> 1/20/2021<br><b>CLAIM/ POLICY#:</b> 1E01E011749561 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY                         | UNIT PRICE                       | AMOUNT  |
|--|----------------------------------|----------------------------------|---|
| <b>Everett Clinic Orthopedics</b><br><b>Everett,WA</b><br>CD Duplication<br>Shipping and Handling<br>Basic Fee - Authorization<br>X-Ray Breakdown<br>X-Ray Fee - Custodial | 1.00<br>1.00<br><br><br><br><br> | 5.00<br>7.00<br><br><br><br><br> | 5.00<br>7.00<br>24.00<br>24.00<br>50.00<br><br> |
| Regarding: Steven Cejka at Everett Clinic Orthopedics Everett  |                                  | SUB-TOTAL                        | 110.00  |
|  |                                  | SALES TAX                        | 8.82  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                            |                                  | TOTAL DUE                        | 118.82  |

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Los Angeles, CA 90086

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**TOTAL DUE: \$ 118.82**

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| 861629      | 8/1/2024      | 6814738-03-01 |

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Terms: Net 30

Bill To: Ryan Manuel  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Ryan O. Manuel  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Cristina Stoliar<br><b>CASE TITLE:</b> Stoliar / Duna Vista Mobile Home Park,<br><b>CASE NUMBER:</b> 21CV-0073 | <b>FIRMS NUMBER:</b> 44071-143<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Keck Medicine of USC/Radiology<br/>Los Angeles,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Fee - Custodial   |          |                  | 209.00 |
| X-Ray Breakdown   |          |                  | 24.00  |
| Regarding: Cristina Stoliar at Keck Medicine of USC/Radiology Los Angeles   |          | <b>SUB-TOTAL</b> | 293.50 |
| Please note, films were previously shipped. ebg   |          | <b>SALES TAX</b> | 20.70  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 314.20 |

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Los Angeles, CA 90086

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**TOTAL DUE: \$ 314.20**

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| 861629      | 8/9/2024      | 6814898-02-01 |

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Terms: Net 30

Bill To: Allison Friedman  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Allison Friedman  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |                               |
|---|-------------------------------|
| <b>PERTAINING TO:</b> Rebecca Lampkin                     | <b>FIRMS NUMBER:</b> 28949.99 |
| <b>CASE TITLE:</b> REBECCA LAMPKIN, / HUMANGOOD, HUMANGOO | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 23CV412418                            | <b>DATE OF LOSS:</b>          |
|   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Good Samaritan Hospital/Billing<br/>Nashville, TN</b>  |          |                  |               |
| Bates Numbering   | 18.00    | 0.05             | .90           |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Pages   | 18.00    | 0.15             | 2.70          |
| Custodial Fee   |          |                  | 95.00         |
| <b>Regarding: Rebecca Lampkin at Good Samaritan Hospital/Billing Nashville</b>  |          | <b>SUB-TOTAL</b> | <b>134.85</b> |
| <b>Please find the attached billing records. ala</b>  |          | <b>SALES TAX</b> | <b>.32</b>    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>135.17</b> |

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Bill To: Allison Friedman  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/9/2024      | 6814898-02-01 |

**TOTAL DUE: \$ 135.17**

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Springfield, MO 65801-2970



Order # 6814898-02-01/ABlinvRE.MDX

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6815077-06-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael A. McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Donna Mae Wong<br><b>CASE TITLE:</b> Donna Mae Wong / Southern Glazer's Win<br><b>CASE NUMBER:</b> CIVSB2324514 | <b>FIRMS NUMBER:</b> 27350-2589<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 10/20/2021<br><b>CLAIM/ POLICY#:</b> 21J46K378966 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY     | UNIT PRICE    | AMOUNT                          |
|---|--------------|---------------|---------------------------------|
| <b>Radnet Inc/Billing League City,CA</b><br>Fee Advance Charge - per payment<br>Research<br>Custodial Fee<br>Basic Fee - Subpoena               | 1.00<br>1.00 | 2.25<br>15.00 | 2.25<br>15.00<br>32.00<br>34.00 |
| Regarding: Donna Mae Wong at Radnet Inc/Billing League City   |              | SUB-TOTAL     | 83.25                           |
| Closed - Records Offsite - Please see attached status letter. ebg   |              | SALES TAX     | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |              | TOTAL DUE     | 83.25                           |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6815077-06-03 |

**TOTAL DUE: \$ 83.25**

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Order # 6815077-06-03/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6815077-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael A. McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Donna Mae Wong<br><b>CASE TITLE:</b> Donna Mae Wong / Southern Glazer's Win<br><b>CASE NUMBER:</b> CIVSB2324514 | <b>FIRMS NUMBER:</b> 27350-2589<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 10/20/2021<br><b>CLAIM/ POLICY#:</b> 21J46K378966 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Radnet Film Library<br/>Hawthorne,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| CD Duplication  | 1.00     | 5.00             | 5.00   |
| X-Ray Breakdown   |          |                  | 24.00  |
| X-Ray Fee - Custodial   |          |                  | 205.00 |
| Regarding: Donna Mae Wong at Radnet Film Library Hawthorne  |          | <b>SUB-TOTAL</b> | 292.50 |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | 22.71  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 315.21 |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6815077-07-01 |

**TOTAL DUE: \$ 315.21**

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Order # 6815077-07-01/ABInvRE.MDX



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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/7/2024      | 6815077-11-05 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael A. McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Donna Mae Wong<br><b>CASE TITLE:</b> Donna Mae Wong / Southern Glazer's Win<br><b>CASE NUMBER:</b> CIVSB2324514 | <b>FIRMS NUMBER:</b> 27350-2589<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 10/20/2021<br><b>CLAIM/ POLICY#:</b> 21J46K378966 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Beauty Swe, MD<br/>Pasadena, CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Bates Numbering   | 494.00   | 0.05             | 24.70  |
| Custodial Fee   |          |                  | 30.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 494.00   | 0.15             | 74.10  |
| Regarding: Donna Mae Wong at Beauty Swe, MD Pasadena  |          | <b>SUB-TOTAL</b> | 189.30 |
| Please find the attached Medical and Billing Records! ebg   |          | <b>SALES TAX</b> | 10.05  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 199.35 |

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Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6815077-11-05 |

**TOTAL DUE: \$ 199.35**

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Order # 6815077-11-05/ABInvRE.MDX





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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6815778-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Marc Cwik  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Marc Cwik  
Lewis Brisbois Bisgaard & Smith LLP  
2300 West Sahara Avenue, Suite 300,  
Las Vegas, NV 89102

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Dorothy Torres<br><b>CASE TITLE:</b> Dorothy Torres /<br><b>CASE NUMBER:</b> | <b>FIRMS NUMBER:</b> 3402-217<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 5/23/2023<br><b>CLAIM/ POLICY#:</b> / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Nicola Chiropractic<br/>Las Vegas,NV</b>   |          |                  |              |
| Shipping and Handling   | 1.00     | 5.00             | 5.00         |
| Bates Numbering   | 158.00   | 0.05             | 7.90         |
| Basic Fee - Authorization   |          |                  | 24.00        |
| Pages   | 158.00   | 0.15             | 23.70        |
| <b>Regarding: Dorothy Torres at Nicola Chiropractic Las Vegas</b>   |          | <b>SUB-TOTAL</b> | <b>60.60</b> |
| <b>Please find the attached Medical Records! akl</b>  |          | <b>SALES TAX</b> | <b>3.07</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>63.67</b> |

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Bill To: Marc Cwik  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
P.O. Box 2970  
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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6815778-01-01 |

**TOTAL DUE: \$ 63.67**

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Order # 6815778-01-01/ABlinvRE.MDX



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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/14/2024     | 6817244-19-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Ryan Strasser  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Chandrani Mandal  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Wares Khan                          | <b>FIRMS NUMBER:</b> 33219.974  |
| <b>CASE TITLE:</b> FNU SPEENGUL; FNU NEKBEBE; BIBI ZOHRA; | <b>INSURED:</b> NATIONWIDE TRANS, INC. dba: EXPEDITED LOGISTICS, INC. |
| <b>CASE NUMBER:</b> RG20077017                            | <b>DATE OF LOSS:</b>  |
|   | <b>CLAIM/ POLICY#:</b> 006470-000584 /                                |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Shamrock General Hospital<br/>Shamrock, TX</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Wares Khan at Shamrock General Hospital Shamrock   |          | SUB-TOTAL  | 34.00  |
| Please find the attached affidavit of no records. rs  |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/14/2024     | 6817244-19-01 |

**TOTAL DUE: \$ 34.00**

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Order # 6817244-19-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6819450-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Laura S. Flynn, Esq.  
Murchison & Cumming, LLP  
2175 N. California Blvd, Suite 900  
Walnut Creek, CA 94596

Ship To:  
Murchison & Cumming, LLP  
2175 N. California Blvd, Suite 900,  
Walnut Creek, CA 94596

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Rufina Eguilos                      | <b>FIRMS NUMBER:</b> 50027.5482 |
| <b>CASE TITLE:</b> RUFINA EGUILOS, an individual and CASH | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> C21-01659                             | <b>DATE OF LOSS:</b>            |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Coastal Medical Group<br/>San Diego,CA</b>   |          |                  |              |
| Bates Numbering   | 4.00     | 0.05             | .20          |
| Pages   | 4.00     | 0.15             | .60          |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Rufina Eguilos at Coastal Medical Group San Diego</b>   |          | <b>SUB-TOTAL</b> | <b>34.80</b> |
| <b>Please find the attached Medical and Billing Records! ebg</b>  |          | <b>SALES TAX</b> | <b>.07</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>34.87</b> |

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Bill To: Laura S. Flynn, Esq.  
Murchison & Cumming, LLP  
2175 N. California Blvd, Suite 900  
Walnut Creek, CA 94596

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6819450-01-01 |

**TOTAL DUE: \$ 34.87**

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| 861629      | 8/13/2024     | 6820052-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Brian Slome  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Brian Slome  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> 3590 Madison Avenue, San Diego<br><b>CASE TITLE:</b> Yarp Devco, LLC / Kenneth Davis, et al<br><b>CASE NUMBER:</b> 37-2023-00030750-CU-BC-CTL | <b>FIRMS NUMBER:</b> 43536-162<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 2023/07/25-LIT-7966 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>New Venture Escrow<br/>San Diego,CA</b>  |          |                  |        |
| Bates Numbering   | 29.00    | 0.05             | 1.45   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 29.00    | 0.15             | 4.35   |
| Witness Fee   |          |                  | 15.00  |
| Chronological Reorganization of Records - per 50 pages  | 1.00     | 10.00            | 10.00  |
| Regarding: 3590 Madison Avenue, San Diego, California 92116 at New Venture Escrow San Diego   |          | <b>SUB-TOTAL</b> | 67.05  |
| Please find the attached Documents! akl   |          | <b>SALES TAX</b> | 1.22   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 68.27  |

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Los Angeles, CA 90086

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/13/2024     | 6820052-02-01 |

**TOTAL DUE: \$ 68.27**

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Order # 6820052-02-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6820232-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Heather M. Jensen  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Heather M. Jensen  
Lewis Brisbois Bisgaard & Smith LLP  
1111 3rd Avenue, Suite 2700,  
Seattle, WA 98121

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Caleb Rogers                      | <b>FIRMS NUMBER:</b> 50027.6025                               |
| <b>CASE TITLE:</b> Caleb Rogers / Campbell Soup Company | <b>INSURED:</b> Travelers Insurance Co./Campbell Soup Company |
| <b>CASE NUMBER:</b>                                     | <b>DATE OF LOSS:</b> 2/2/2023                                 |
|   | <b>CLAIM/ POLICY#:</b> FXA2984 /                              |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>EvergreenHealth Urgent Care<br/>Monroe,WA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Authorization   |          |                  | 24.00  |
| X-Ray Fee - Custodial   |          |                  | 60.00  |
| X-Ray Breakdown   |          |                  | 24.00  |
| Regarding: Caleb Rogers at EvergreenHealth Urgent Care Monroe   |          | <b>SUB-TOTAL</b> | 117.25 |
| Please note, films were previously shipped. ebg   |          | <b>SALES TAX</b> | 9.33   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 126.58 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6820232-04-01 |

**TOTAL DUE: \$ 126.58**

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Order # 6820232-04-01/ABlinvRE.MDX

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|-------------|---------------|---------------|
| 861629      | 8/14/2024     | 6821359-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Alexander C. Green  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Tyler Weakland AKA Tyler Ryan<br><b>CASE TITLE:</b> Tyler Weakland / New Life House Inc.,<br><b>CASE NUMBER:</b> 23TRCV01870 | <b>FIRMS NUMBER:</b> 37986.8566<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/17/2021<br><b>CLAIM/ POLICY#:</b> 64931675464844 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                                   |
|---|----------|------------------|--|
| <b>Keck Hospital of USC/Radiology<br/>Los Angeles,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Rush Handling<br>X-Ray Breakdown | 1.00     | 2.25             | 2.25<br>15.00<br>34.00<br>25.00<br>24.00 |
| Regarding: Tyler Weakland AKA Tyler Ryan Weakland at Keck Hospital of USC/Radiology Los Angeles   |          | <b>SUB-TOTAL</b> | 100.25                                   |
| Per your office, this order has been cancelled. akl   |          | <b>SALES TAX</b> | 2.28                                     |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                         |          | <b>TOTAL DUE</b> | 102.53                                   |

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Bill To: Alexander C. Green  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
P.O. Box 2970  
Springfield, MO 65801-2970

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/14/2024     | 6821359-01-01 |

**TOTAL DUE: \$ 102.53**

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Order # 6821359-01-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/14/2024     | 6821359-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Alexander C. Green  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Tyler Weakland AKA Tyler Ryan<br><b>CASE TITLE:</b> Tyler Weakland / New Life House Inc.,<br><b>CASE NUMBER:</b> 23TRCV01870 | <b>FIRMS NUMBER:</b> 37986.8566<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/17/2021<br><b>CLAIM/ POLICY#:</b> 64931675464844 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                          |
|--|----------|------------|---------------------------------|
| <b>Keck Medical Center of USC - Pasadena<br/>Pasadena,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Rush Handling | 1.00     | 2.25       | 2.25<br>15.00<br>34.00<br>25.00 |
| Regarding: Tyler Weakland AKA Tyler Ryan Weakland at Keck Medical Center of USC - Pasadena<br>Pasadena   |          | SUB-TOTAL  | 76.25                           |
| Per your office, this order has been cancelled. rs   |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.          |          | TOTAL DUE  | 76.25                           |

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Los Angeles, CA 90086

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| 861629      | 8/14/2024     | 6821359-04-01 |

**TOTAL DUE: \$ 76.25**

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Order # 6821359-04-01/ABInvRE.MDX

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| 861629      | 8/2/2024      | 6822531-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Abigail Waters, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Abigail Waters  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Julie Su Brown<br><b>CASE TITLE:</b> JULIE BROWN, by and through her Succes<br><b>CASE NUMBER:</b> 23CV-0203958 | <b>FIRMS NUMBER:</b> 25935.655<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT          |
|---|----------|------------------|-----------------|
| <b>Sutter Roseville Medical Center/Medical Sacramento,CA</b>  |          |                  |                 |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50            |
| Witness Fee   |          |                  | 15.00           |
| Basic Fee - Subpoena  |          |                  | 34.00           |
| Bates Numbering   | 7,290.00 | 0.05             | 364.50          |
| Pages   | 7,006.00 | 0.15             | 1,050.90        |
| Custodial Fee   |          |                  | 15.00           |
| Photo Duplication   | 284.00   | 4.00             | 1,136.00        |
| Regarding: Julie Su Brown at Sutter Roseville Medical Center/Medical Sacramento   |          | <b>SUB-TOTAL</b> | <b>2,619.90</b> |
| Please find the attached Medical and Laser Copies! ala  |          | <b>SALES TAX</b> | <b>223.25</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>2,843.15</b> |

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Bill To: Abigail Waters, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6822531-04-01 |

**TOTAL DUE: \$ 2,843.15**

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| 861629      | 8/1/2024      | 6822531-12-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Abigail Waters, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Abigail Waters  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Julie Su Brown<br><b>CASE TITLE:</b> JULIE BROWN, by and through her Succes<br><b>CASE NUMBER:</b> 23CV-0203958 | <b>FIRMS NUMBER:</b> 25935.655<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                         |
|--|----------|------------|--------------------------------|
| <b>California Department of Social Services - IHSS Program Lower Lake,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Julie Su Brown at California Department of Social Services - IHSS Program Lower Lake  |          | SUB-TOTAL  | 56.25                          |
| Please find the attached affidavit of no records. ala  |          | SALES TAX  | .44                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                                    |          | TOTAL DUE  | 56.69                          |

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**TOTAL DUE: \$ 56.69**

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| 861629      | 8/8/2024      | 6822642-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Alexander Green  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Marvin Calderon<br><b>CASE TITLE:</b> Marvin Calderon / STERIS, Glenn Michael<br><b>CASE NUMBER:</b> 22STCV17394 | <b>FIRMS NUMBER:</b> 6234-15013<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/4/2020<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Naval Medical Center Portsmouth<br/>Portsmouth, VA</b>   |          |                  |               |
| Pages - Color   | 2.00     | 0.35             | .70           |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Bates Numbering   | 599.00   | 0.05             | 29.95         |
| Pages   | 597.00   | 0.15             | 89.55         |
| Rush Handling   |          |                  | 25.00         |
| Regarding: Marvin Calderon at Naval Medical Center Portsmouth Portsmouth  |          | <b>SUB-TOTAL</b> | <b>184.20</b> |
| Please find the attached Medical and Laser Copies! aki  |          | <b>SALES TAX</b> | <b>11.89</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>196.09</b> |

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| 861629      | 8/8/2024      | 6822642-01-01 |

**TOTAL DUE: \$ 196.09**

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| 861629      | 8/2/2024      | 6822752-13-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Tracey Stromberg  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Tracey Stromberg, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Ricardo Hernandez AKA Ricardo       | <b>FIRMS NUMBER:</b> 48270.33  |
| <b>CASE TITLE:</b> Ricardo Hernandez / ABF Freight System | <b>INSURED:</b> ABF Freight System, Inc. and Stephen Michael Fairchild |
| <b>CASE NUMBER:</b> 24PSCV00008                           | <b>DATE OF LOSS:</b> 1/10/2022   |
|   | <b>CLAIM/ POLICY#:</b> ABF2022-0107 /                                  |

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                         |
|--|----------|------------|--------------------------------|
| Isaac Regev, MD/Radiology<br>Los Angeles, CA<br>Fee Advance Charge - per payment<br>Affidavit of No Films<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>25.00 |
| Regarding: Ricardo Hernandez AKA Ricardo Hernandez-Diaz at Isaac Regev, MD/Radiology Los Angeles   |          | SUB-TOTAL  | 66.25                          |
| Please find the attached affidavit of no X-rays. ala   |          | SALES TAX  | .48                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.  |          | TOTAL DUE  | 66.73                          |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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P.O. Box 2970  
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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6822752-13-01 |

TOTAL DUE: \$ 66.73

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

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| 861629      | 8/1/2024      | 6822767-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Annalisa S. Zulueta  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Annalisa S. Zulueta.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Reina Esperanza Escamilla<br><b>CASE TITLE:</b> Reina Esperanza Escamilla, an individu<br><b>CASE NUMBER:</b> 24TRCV00053 | <b>FIRMS NUMBER:</b> 38297-1<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>One Health Medical<br/>Garden Grove,CA</b>   |          |                  |        |
| Bates Numbering   | 22.00    | 0.05             | 1.10   |
| Pages   | 22.00    | 0.15             | 3.30   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 75.00  |
| Regarding: Reina Esperanza Escamilla at One Health Medical Garden Grove   |          | <b>SUB-TOTAL</b> | 132.90 |
| Please find the attached Medical and Billing Records! There are no X-rays. ebg  |          | <b>SALES TAX</b> | .38    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 133.28 |

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Los Angeles, CA 90086

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| 861629      | 8/1/2024      | 6822767-07-01 |

**TOTAL DUE: \$ 133.28**

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| 861629      | 8/8/2024      | 6822767-21-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Annalisa S. Zulueta  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Annalisa S. Zulueta.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Reina Esperanza Escamilla<br><b>CASE TITLE:</b> Reina Esperanza Escamilla, an individu<br><b>CASE NUMBER:</b> 24TRCV00053 | <b>FIRMS NUMBER:</b> 38297-1<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Olympic Anesthesia Partnership<br/>Tustin,CA</b>   |          |                  |        |
| Bates Numbering   | 7.00     | 0.05             | .35    |
| Pages   | 7.00     | 0.15             | 1.05   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Research  | 1.00     | 25.00            | 25.00  |
| Regarding: Reina Esperanza Escamilla at Olympic Anesthesia Partnership Tustin   |          | <b>SUB-TOTAL</b> | 77.65  |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | .12    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 77.77  |

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Los Angeles, CA 90086

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| 861629      | 8/8/2024      | 6822767-21-01 |

**TOTAL DUE: \$ 77.77**

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| 861629      | 8/1/2024      | 6822767-27-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Annalisa S. Zulueta.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Reina Esperanza Escamilla<br><b>CASE TITLE:</b> Reina Esperanza Escamilla, an individu<br><b>CASE NUMBER:</b> 24TRCV00053 | <b>FIRMS NUMBER:</b> 38297-1<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT        |
|---|----------|------------|---------------|
| <b>Specialty Surgical Center<br/>Beverly Hills,CA</b><br>Affidavit of No Records<br>Basic Fee - Subpoena  |          |            | 5.00<br>34.00 |
| Regarding: Reina Esperanza Escamilla at Specialty Surgical Center Beverly Hills   |          | SUB-TOTAL  | 39.00         |
| Please find the attached affidavit of no records. ala   |          | SALES TAX  | .43           |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 39.43         |

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| 861629      | 8/1/2024      | 6822767-27-01 |

**TOTAL DUE: \$ 39.43**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6823669-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael A. Walker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |                                |
|--|--------------------------------|
| <b>PERTAINING TO:</b> Matthew William Livengood          | <b>FIRMS NUMBER:</b> 50023-624 |
| <b>CASE TITLE:</b> MATTHEW W. LIVENGOD; ABIGAIL LIVENGOD | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> MCV089110                            | <b>DATE OF LOSS:</b>           |
|  | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Madera Unified School District<br/>Madera,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Matthew William Livengood at Madera Unified School District Madera</b>  |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Closed - Client No Response - Please see attached status letter. ebg</b>   |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>51.25</b> |

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Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6823669-03-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6823669-03-01/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/9/2024      | 6823669-05-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael A. Walker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |                                |
|--|--------------------------------|
| <b>PERTAINING TO:</b> Matthew William Livengood          | <b>FIRMS NUMBER:</b> 50023-624 |
| <b>CASE TITLE:</b> MATTHEW W. LIVENGOD; ABIGAIL LIVENGOD | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> MCV089110                            | <b>DATE OF LOSS:</b>           |
|  | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente - Fresno<br/>Fresno,CA</b><br>Custodial Fee  |          |                  | 15.00  |
| <b>Regarding: Matthew William Livengood at Kaiser Permanente - Fresno Fresno</b>  |          | <b>SUB-TOTAL</b> | 15.00  |
| <b>Please note, this facility required an additional fee. ebg</b>   |          | <b>SALES TAX</b> | .00    |
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| 861629      | 8/7/2024      | 6823690-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Stephen Welch  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Stephen Welch  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|  |                               |
|--|-------------------------------|
| <b>PERTAINING TO:</b> Business Records                   | <b>FIRMS NUMBER:</b> 51917.29 |
| <b>CASE TITLE:</b> CARMEN SANDOVAL DUFFY, an individual, | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 23CV423526                           | <b>DATE OF LOSS:</b>          |
|  | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Bailey's Trenchless, Inc.</b>  |          |                  |        |
| <b>Woodland,CA</b>  |          |                  |        |
| Bates Numbering   | 18.00    | 0.05             | .90    |
| Pages   | 17.00    | 0.15             | 2.55   |
| Photo Duplication   | 1.00     | 4.00             | 4.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Business Records at Bailey's Trenchless, Inc. Woodland   |          | <b>SUB-TOTAL</b> | 41.45  |
| Please find the attached Documents and Laser Copy! ebg  |          | <b>SALES TAX</b> | .65    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 42.10  |

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**TOTAL DUE: \$ 42.10**

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| 861629      | 8/9/2024      | 6824184-03-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Frederick Franks Wood<br><b>CASE TITLE:</b> Fred Wood, et al. / Joan Van Veldhuize<br><b>CASE NUMBER:</b> CV65787 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Adventist Health/Radiology Dept.<br/>Sonora,CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Shipping and Handling   | 1.00     | 7.00             | 7.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Witness Fee   |          |                  | 15.00         |
| X-Ray Breakdown   |          |                  | 24.00         |
| X-Ray Fee - Custodial   |          |                  | 45.00         |
| Regarding: Frederick Franks Wood at Adventist Health/Radiology Dept. Sonora   |          | <b>SUB-TOTAL</b> | <b>129.50</b> |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | <b>6.56</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>136.06</b> |

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**TOTAL DUE: \$ 136.06**

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| 861629      | 8/15/2024     | 6824184-07-01 |

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Frederick Franks Wood<br><b>CASE TITLE:</b> Fred Wood, et al. / Joan Van Veldhuize<br><b>CASE NUMBER:</b> CV65787 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Lodi Creek Post-Acute</b><br><b>Lodi, CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Witness Fee   |          |                  | 15.00         |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Bates Numbering   | 1,232.00 | 0.05             | 61.60         |
| Pages   | 1,232.00 | 0.15             | 184.80        |
| Custodial Fee   |          |                  | 105.50        |
| Regarding: Frederick Franks Wood at Lodi Creek Post-Acute Lodi  |          | <b>SUB-TOTAL</b> | <b>405.40</b> |
| Please find the attached Medical and Billing Records! There are no X-rays. rs   |          | <b>SALES TAX</b> | <b>21.25</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>426.65</b> |

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**TOTAL DUE: \$ 426.65**

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| 861629      | 8/14/2024     | 6824184-15-01 |

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San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Frederick Franks Wood<br><b>CASE TITLE:</b> Fred Wood, et al. / Joan Van Veldhuize<br><b>CASE NUMBER:</b> CV65787 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/4/1776<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT         |
|---|----------|------------|----------------|
| <b>Homer Saclayen Physical Therapy<br/>Manteca,CA</b><br>Research<br>Basic Fee - Subpoena   | 1.00     | 25.00      | 25.00<br>34.00 |
| Regarding: Frederick Franks Wood at Homer Saclayen Physical Therapy Manteca   |          | SUB-TOTAL  | 59.00          |
| Per your office, this order has been cancelled. ala   |          | SALES TAX  | .00            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 59.00          |

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**TOTAL DUE: \$ 59.00**

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| 861629      | 8/7/2024      | 6824658-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Michael McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael A. McLain  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Donna Mae Wong<br><b>CASE TITLE:</b> Donna Mae Wong / Southern Glazer's Win<br><b>CASE NUMBER:</b> CIVSB2324514 | <b>FIRMS NUMBER:</b> 21J46L378966<br><b>INSURED:</b> Southern Glazer's Wine & Spirits, LLC; Brian Michael Jacob, e<br><b>DATE OF LOSS:</b> 10/20/2021<br><b>CLAIM/ POLICY#:</b> 21J46K378966 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Atlantis Eyecare<br/>Santa Ana,CA</b>  |          |            |        |
| Bates Numbering   | 32.00    | 0.05       | 1.60   |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25   |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Pages   | 32.00    | 0.15       | 4.80   |
| Shipping and Handling   | 1.00     | 5.00       | 5.00   |
| Witness Fee   |          |            | 15.00  |
| Regarding: Donna Mae Wong at Atlantis Eyecare Santa Ana   |          | SUB-TOTAL  | 62.65  |
| Please find the attached Medical and Billing Records! rs  |          | SALES TAX  | 1.08   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 63.73  |

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**TOTAL DUE: \$ 63.73**

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Los Angeles, CA 90086

Ship To: Michael A. McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Northbay Medical Center<br/>Vacaville, CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena                     | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Northbay Medical Center Vacaville  |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00                    |
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**TOTAL DUE: \$ 51.25**

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                          |
|--|----------|------------|---------------------------------|
| <b>NorthBay Healthcare/Billing Department<br/>Fairfield,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Custodial Fee | 2.00     | 2.25       | 4.50<br>15.00<br>34.00<br>20.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at NorthBay Healthcare/Billing Department<br>Fairfield   |          | SUB-TOTAL  | 73.50                           |
| Per your office, this case has settled. Please note, fees advanced prior to case settling. ala   |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.            |          | TOTAL DUE  | 73.50                           |

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633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Northbay Medical Center/Radiology<br/>Fairfield,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena            | 1.00     | 2.25       | 2.25<br>25.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Northbay Medical Center/Radiology Fairfield  |          | SUB-TOTAL  | 61.25                  |
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|---|---|
| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>NorCal Imaging/Radiology<br/>Concord,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena                       | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at NorCal Imaging/Radiology Concord   |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00                    |
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**TOTAL DUE: \$ 51.25**

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Ship To: Michael A. McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

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|---|---|
| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                          |
|---|----------|------------------|---------------------------------|
| <b>Diablo Orthopedic Consultants<br/>Walnut Creek, CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Custodial Fee | 2.00     | 2.25             | 4.50<br>15.00<br>34.00<br>95.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Diablo Orthopedic Consultants Walnut Creek   |          | <b>SUB-TOTAL</b> | 148.50                          |
| Per your office, this case has settled. Please note, fees advanced prior to case settling. ebg  |          | <b>SALES TAX</b> | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.       |          | <b>TOTAL DUE</b> | 148.50                          |

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**TOTAL DUE: \$ 148.50**

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| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| Change Healthcare TES as Billing Custodian for Solano Diagnostics Imaging League City, CA<br>Basic Fee - Subpoena                               |          |            | 34.00  |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Change Healthcare TES as Billing Custodian for Solano Diagnostics Imaging League City    |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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TOTAL DUE: \$ 34.00

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|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE   | AMOUNT                    |
|---|----------|--|---------------------------|
| <b>California Rehabilitation. and Sports Therapy<br/>Walnut Creek,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena   | 1.00     | 2.25   | 2.25<br>15.00<br>34.00    |
| <b>Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at California Rehabilitation. and Sports Therapy<br/>Walnut Creek</b><br><br><b>Per your office, this case has settled. ebg</b><br><br>Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>SUB-TOTAL</b><br><b>SALES TAX</b><br><br><b>TOTAL DUE</b> | 51.25<br>.00<br><br>51.25 |

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| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT         |
|---|----------|------------|----------------|
| <b>Mystifying Touch</b><br><b>Concord,CA</b><br>Research<br>Basic Fee - Subpoena  | 1.00     | 15.00      | 15.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Mystifying Touch Concord   |          | SUB-TOTAL  | 49.00          |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 49.00          |

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|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Higher Function Chiropractic<br/>Walnut Creek,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Higher Function Chiropractic Walnut Creek  |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT                                    |
|--|----------|------------------|---|
| <b>John Muir Health Concord Medical Center/Radiology Concord,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>X-Ray Fee - Custodial<br>X-Ray Breakdown | 2.00     | 2.25             | 4.50<br>15.00<br>34.00<br>330.00<br>24.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at John Muir Health Concord Medical Center/Radiology Concord   |          | <b>SUB-TOTAL</b> | 407.50                                    |
| Please note, films were previously shipped. ebg  |          | <b>SALES TAX</b> | 33.63                                     |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.  |          | <b>TOTAL DUE</b> | 441.13                                    |

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| <b>PERTAINING TO:</b> Ashli Grupy AKA Ashli Danea Ra<br><b>CASE TITLE:</b> Ashli Grupy / Ryder Truck Rental, et a<br><b>CASE NUMBER:</b> CU23-01922 | <b>FIRMS NUMBER:</b> 27350-2934<br><b>INSURED:</b> Southern Glazer's Wine and Spirits, LLC, Ryder Truck Rental,<br><b>DATE OF LOSS:</b> 11/16/2022<br><b>CLAIM/ POLICY#:</b> / 22J46K540507 |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Contra Costa Regional Medical Center/Radiology Dept<br/>Martinez,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Contra Costa Regional Medical<br>Center/Radiology Dept. Martinez                               |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00                    |
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| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Solano Diagnostic Imaging<br/>Fairfield, CA</b><br>Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Solano Diagnostic Imaging Fairfield  |          | SUB-TOTAL  | 34.00  |
| Per your office, this case has settled. ebg   |          | SALES TAX  | .00    |
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|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Martinez Health Center<br/>Martinez, CA</b><br>Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Ashli Grupy AKA Ashli Danea Rachel Grupy at Martinez Health Center Martinez  |          | SUB-TOTAL  | 34.00  |
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Remit To: ABI Document Support Services  
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| 861629      | 8/9/2024      | 6825031-25-01 |

**TOTAL DUE: \$ 34.00**

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Order # 6825031-25-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6825751-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Marisa N. Sanchez  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Marisa N. Sanchez, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Kathryn Ann Rich                   | <b>FIRMS NUMBER:</b> 52110-13  |
| <b>CASE TITLE:</b> KATHRYN RICH; MICHAEL RICH, / CITY OF | <b>INSURED:</b>  |
| <b>CASE NUMBER:</b> CU24-00991                           | <b>DATE OF LOSS:</b>   |
|  | <b>CLAIM/ POLICY#:</b> LLW PROPERTIES and PORTSIDE VILLAGE HOMEOWNER |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Kaiser Hospital &amp; P.M.G./Radiology<br/>Walnut Creek,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| X-Ray Breakdown   |          |                  | 24.00        |
| Regarding: Kathryn Ann Rich at Kaiser Hospital & P.M.G./Radiology Walnut Creek  |          | <b>SUB-TOTAL</b> | <b>75.25</b> |
| Per your office, this order has been cancelled. akl   |          | <b>SALES TAX</b> | <b>2.07</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>77.32</b> |

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| 861629      | 8/2/2024      | 6825751-03-01 |

**TOTAL DUE: \$ 77.32**

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| 861629      | 8/9/2024      | 6826535-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Anna Gourgiotopoulou, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anna Gourgiotopoulou, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |                          |
|--|--------------------------|
| <b>PERTAINING TO:</b> Manuela Velasquez                  | <b>FIRMS NUMBER:</b>     |
| <b>CASE TITLE:</b> MANUELA VELASQUEZ, / CITY OF CONCORD, | <b>INSURED:</b>          |
| <b>CASE NUMBER:</b> C22-02372                            | <b>DATE OF LOSS:</b>     |
|  | <b>CLAIM/ POLICY#:</b> / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Concord Health Center<br/>Concord,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 61.00    | 0.05             | 3.05   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 61.00    | 0.15             | 9.15   |
| Witness Fee   |          |                  | 20.00  |
| Regarding: Manuela Velasquez at Concord Health Center Concord   |          | <b>SUB-TOTAL</b> | 68.45  |
| Please find the attached Medical Records! ala   |          | <b>SALES TAX</b> | 1.05   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 69.50  |

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| 861629      | 8/9/2024      | 6826535-01-01 |

**TOTAL DUE: \$ 69.50**

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| 861629      | 8/6/2024      | 6826822-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Weller  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: DANIELLE WELLER  
Lewis Brisbois Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

**PERTAINING TO:** Lily Wang  
**CASE TITLE:** Lily Wang / Margaret Wong, et al.  
**CASE NUMBER:** 22-CIV-01852

**FIRMS NUMBER:** 35097.10  
**INSURED:**  
**DATE OF LOSS:**  
**CLAIM/ POLICY#:** /

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>San Mateo Police Department</b><br><b>San Mateo, CA</b>  |          |                  |              |
| Bates Numbering   | 13.00    | 0.05             | .65          |
| Pages   | 13.00    | 0.15             | 1.95         |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Shipping and Handling   | 1.00     | 7.00             | 7.00         |
| Witness Fee   |          |                  | 15.00        |
| Video Duplication   | 1.00     | 20.00            | 20.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Lily Wang at San Mateo Police Department San Mateo   |          | <b>SUB-TOTAL</b> | <b>80.85</b> |
| Please find the attached Documents and Video DVD. ebg   |          | <b>SALES TAX</b> | <b>2.59</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>83.44</b> |

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| 861629      | 8/6/2024      | 6826822-01-01 |

**TOTAL DUE: \$ 83.44**

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| 861629      | 8/7/2024      | 6827004-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Doug Lewis  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Sandra Kay Jones   | <b>FIRMS NUMBER:</b> 10085-481            |
| <b>CASE TITLE:</b> Sandra Jones, et al. / Paul Martin Ros                                | <b>INSURED:</b> San Diego Greencare, Inc. |
| <b>CASE NUMBER:</b> 37-2023-00016545-CU-PO-CTL (LEAD) WITH 97-2029-00010956-07-01-PP-CTL | <b>DATE OF LOSS:</b> 7/31/24              |
|  | <b>CLAIM/ POLICY#:</b> C166528996000401 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>American Medical Response<br/>Dallas, TX</b>   |          |                  |        |
| Bates Numbering   | 6.00     | 0.05             | .30    |
| Pages   | 6.00     | 0.15             | .90    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Custodial Fee   |          |                  | 29.50  |
| Regarding: Sandra Kay Jones at American Medical Response Dallas   |          | <b>SUB-TOTAL</b> | 66.95  |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | .09    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 67.04  |

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| 861629      | 8/7/2024      | 6827004-02-01 |

**TOTAL DUE: \$ 67.04**

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| 861629      | 8/13/2024     | 6827004-03-01 |

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Sandra Kay Jones   | <b>FIRMS NUMBER:</b> 10085-481            |
| <b>CASE TITLE:</b> Sandra Jones, et al. / Paul Martin Ros                              | <b>INSURED:</b> San Diego Greencare, Inc. |
| <b>CASE NUMBER:</b> 37-2023-00016545-CU-PO-CTL (LEAD) WITH 97-2029-000195607-01-PP-CTL | <b>DATE OF LOSS:</b> 7/31/24              |
|  | <b>CLAIM/ POLICY#:</b> C166528996000401 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Sharp Memorial Hospital<br/>San Diego,CA</b>   |          |            |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25   |
| Chronological Reorganization of Records - per 50 pages  | 1.00     | 10.00      | 10.00  |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Bates Numbering   | 802.00   | 0.05       | 40.10  |
| Document Classification- per 50 pages   | 1.00     | 10.00      | 10.00  |
| Custodial Fee   |          |            | 110.00 |
| Pages   | 802.00   | 0.15       | 120.30 |
| Regarding: Sandra Kay Jones at Sharp Memorial Hospital San Diego  |          |            |        |
| Please find the attached Medical Records! ebg   |          |            |        |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |        |
| SUB-TOTAL   |          |            | 326.65 |
| SALES TAX   |          |            | 13.98  |
| TOTAL DUE   |          |            | 340.63 |

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| 861629      | 8/13/2024     | 6827004-03-01 |

**TOTAL DUE: \$ 340.63**

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| 861629      | 8/15/2024     | 6827004-04-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Doug Lewis  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Sandra Kay Jones   | <b>FIRMS NUMBER:</b> 10085-481            |
| <b>CASE TITLE:</b> Sandra Jones, et al. / Paul Martin Ros                              | <b>INSURED:</b> San Diego Greencare, Inc. |
| <b>CASE NUMBER:</b> 37-2023-00016545-CU-PO-CTL (LEAD) WITH 97-2029-00009607-01-P76 CTL | <b>DATE OF LOSS:</b> 8/14/24              |
|  | <b>CLAIM/ POLICY#:</b> C166528996000401 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Sharp Memorial Hospital/Business Office<br/>San Diego,CA</b>   |          |            |        |
| Affidavit of No Billing   |          |            | 5.00   |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Sandra Kay Jones at Sharp Memorial Hospital/Business Office San Diego  |          | SUB-TOTAL  | 39.00  |
| Please find the attached affidavit of no billings. akl  |          | SALES TAX  | .39    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 39.39  |

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| 861629      | 8/15/2024     | 6827004-04-01 |

**TOTAL DUE: \$ 39.39**

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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

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| <b>PERTAINING TO:</b> Sandra Kay Jones   | <b>FIRMS NUMBER:</b> 10085-481            |
| <b>CASE TITLE:</b> Sandra Jones, et al. / Paul Martin Ros                                | <b>INSURED:</b> San Diego Greencare, Inc. |
| <b>CASE NUMBER:</b> 37-2023-00016545-CU-PO-CTL (LEAD) WITH 97-2029-00010956-07-01-PP-CTL | <b>DATE OF LOSS:</b> 8/1/24               |
|  | <b>CLAIM/ POLICY#:</b> C166528996000401 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>San Diego Fire Department<br/>San Diego,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Affidavit of No Records   |          |                  | 5.00   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Sandra Kay Jones at San Diego Fire Department San Diego  |          | <b>SUB-TOTAL</b> | 56.25  |
| Please find the attached affidavit of no records. ebg   |          | <b>SALES TAX</b> | .39    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 56.64  |

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**TOTAL DUE: \$ 56.64**

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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

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| <b>PERTAINING TO:</b> Sandra Kay Jones  | <b>FIRMS NUMBER:</b> 10085-481            |
| <b>CASE TITLE:</b> Sandra Jones, et al. / Paul Martin Ros                             | <b>INSURED:</b> San Diego Greencare, Inc. |
| <b>CASE NUMBER:</b> 37-2023-00016545-CU-PO-CTL (LEAD) WITH 97-2029-00009607-CU-PP-CTL | <b>DATE OF LOSS:</b> 7/31/24              |
|   | <b>CLAIM/ POLICY#:</b> C166528996000401 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| Rural/Metro of California, Inc.<br>Greenwood Village,CO<br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Sandra Kay Jones at Rural/Metro of California, Inc. Greenwood Village  |          | SUB-TOTAL  | 34.00  |
| Please find the attached status letter. ebg   |          | SALES TAX  | .00    |
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**TOTAL DUE: \$ 34.00**

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| 861629      | 8/5/2024      | 6827561-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY                   | UNIT PRICE               | AMOUNT                                |
|---|----------------------------|--------------------------|---------------------------------------|
| <b>Rakesh Donthineni MD</b><br><b>Oakland,CA</b><br>Bates Numbering<br>Pages<br>Basic Fee - Subpoena<br>Fee Advance Charge - per payment<br>Witness Fee | 13.00<br>13.00<br><br>1.00 | 0.05<br>0.15<br><br>2.25 | .65<br>1.95<br>34.00<br>2.25<br>15.00 |
| Regarding: Harold Ayrton Mora at Rakesh Donthineni MD Oakland   |                            | <b>SUB-TOTAL</b>         | 53.85                                 |
| Please find the attached Medical Records! ebg   |                            | <b>SALES TAX</b>         | .22                                   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.         |                            | <b>TOTAL DUE</b>         | 54.07                                 |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/5/2024      | 6827561-04-01 |

**TOTAL DUE: \$ 54.07**

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.
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Order # 6827561-04-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/5/2024      | 6827561-05-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Rakesh Donthineni, MD/Billing<br/>Oakland,CA</b>   |          |                  |        |
| Bates Numbering   | 1.00     | 0.05             | .05    |
| Pages   | 1.00     | 0.15             | .15    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Harold Ayrton Mora at Rakesh Donthineni, MD/Billing Oakland  |          | <b>SUB-TOTAL</b> | 51.45  |
| Please find the attached billing records. ebg   |          | <b>SALES TAX</b> | .02    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.47  |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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| 861629      | 8/5/2024      | 6827561-05-01 |

**TOTAL DUE: \$ 51.47**

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# Invoice

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/12/2024     | 6827561-18-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Atlas Health Center<br/>San Francisco,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 55.00    | 0.05             | 2.75   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 55.00    | 0.15             | 8.25   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Harold Ayrton Mora at Atlas Health Center San Francisco  |          | <b>SUB-TOTAL</b> | 62.25  |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | .95    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 63.20  |

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| 861629      | 8/12/2024     | 6827561-18-01 |

**TOTAL DUE: \$ 63.20**

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| 861629      | 8/14/2024     | 6827561-19-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY                   | UNIT PRICE               | AMOUNT                                  |
|--|----------------------------|--------------------------|---|
| <b>Troy I. Mounts MD</b><br><b>Atascadero, CA</b><br>Fee Advance Charge - per payment<br>Bates Numbering<br>Basic Fee - Subpoena<br>Pages<br>Witness Fee | 1.00<br>85.00<br><br>85.00 | 2.25<br>0.05<br><br>0.15 | 2.25<br>4.25<br>34.00<br>12.75<br>15.00 |
| Regarding: Harold Ayrton Mora at Troy I. Mounts MD Atascadero  |                            | <b>SUB-TOTAL</b>         | <b>68.25</b>                            |
| Please find the attached Medical and Billing Records! There are no X-rays. ebg   |                            | <b>SALES TAX</b>         | <b>1.47</b>                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.          |                            | <b>TOTAL DUE</b>         | <b>69.72</b>                            |

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| 861629      | 8/14/2024     | 6827561-19-01 |

**TOTAL DUE: \$ 69.72**

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Order # 6827561-19-01/ABlinvRE.MDX



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| 861629      | 8/2/2024      | 6827561-27-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| TBI Specialists, Inc<br>Los Angeles, CA<br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Harold Ayrton Mora at TBI Specialists, Inc Los Angeles   |          | SUB-TOTAL  | 34.00  |
| Please find the attached affidavit. rs  |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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P.O. Box 86367  
Los Angeles, CA 90086

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| 861629      | 8/2/2024      | 6827561-27-03 |

**TOTAL DUE: \$ 34.00**

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| 861629      | 8/7/2024      | 6827561-28-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Rakesh Donthineni, MD/Billing<br/>Oakland,CA</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Harold Ayrton Mora at Rakesh Donthineni, MD/Billing Oakland  |          | SUB-TOTAL  | 34.00  |
| Please find the attached affidavit. akl   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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Los Angeles, CA 90086

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| 861629      | 8/7/2024      | 6827561-28-01 |

**TOTAL DUE: \$ 34.00**

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Order # 6827561-28-01/ABlinvRE.MDX





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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/9/2024      | 6827755-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Linda Butler  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Traci Patino, Esq.  
Lewis, Brisbois, Bisgaard & Smith, LLP  
650 E. Hospitality Lane, Suite 600,  
San Bernardino, CA 92408

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Pamela Joy Sitchler<br><b>CASE TITLE:</b> William Sitchler, et al. / Jason Cullu<br><b>CASE NUMBER:</b> CVRI2102550 | <b>FIRMS NUMBER:</b> 26198-1346<br><b>INSURED:</b> Jason Cullum and Cullum Hay<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT   |
|---|----------|------------|--|
| <b>Desert Regional Medical Center-Medical Palm Springs,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee<br>Custodial Fee<br>Rush Handling | 2.00     | 2.25       | 4.50<br>5.00<br>34.00<br>15.00<br>10.00<br>25.00 |
| Regarding: Pamela Joy Sitchler at Desert Regional Medical Center-Medical Palm Springs   |          | SUB-TOTAL  | 93.50  |
| Please find the attached affidavit of no records. ebg   |          | SALES TAX  | .44  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.   |          | TOTAL DUE  | 93.94  |

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| 861629      | 8/9/2024      | 6827755-07-01 |

**TOTAL DUE: \$ 93.94**

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| 861629      | 8/6/2024      | 6828026-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Donald Peters<br><b>CASE TITLE:</b> Peters / Ahmad<br><b>CASE NUMBER:</b> 34-2022-00331604 | <b>FIRMS NUMBER:</b> 41365.184<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 00025871 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                          |
|--|----------|------------|---------------------------------|
| <b>Sierra Coast Interventional Pain/ Medical Sacramento,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Custodial Fee<br>Basic Fee - Subpoena | 2.00     | 2.25       | 4.50<br>15.00<br>98.75<br>34.00 |
| Regarding: Donald Peters at Sierra Coast Interventional Pain/ Medical Sacramento   |          | SUB-TOTAL  | 152.25                          |
| Please find the attached status letter. rs   |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.            |          | TOTAL DUE  | 152.25                          |

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| 861629      | 8/6/2024      | 6828026-01-03 |

**TOTAL DUE: \$ 152.25**

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Lewis Brisbois Bisgaard & Smith LLP  
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Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Donald Peters<br><b>CASE TITLE:</b> Peters / Ahmad<br><b>CASE NUMBER:</b> 34-2022-00331604 | <b>FIRMS NUMBER:</b> 41365.184<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 00025871 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                          |
|---|----------|------------|---------------------------------|
| <b>Sierra Coast Interventional Pain/Billing<br/>Sacramento,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Custodial Fee<br>Basic Fee - Subpoena | 2.00     | 2.25       | 4.50<br>15.00<br>63.75<br>34.00 |
| Regarding: Donald Peters at Sierra Coast Interventional Pain/Billing Sacramento   |          | SUB-TOTAL  | 117.25                          |
| Please find the attached status letter. rs  |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.               |          | TOTAL DUE  | 117.25                          |

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| 861629      | 8/6/2024      | 6828026-02-03 |

**TOTAL DUE: \$ 117.25**

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Donald Peters<br><b>CASE TITLE:</b> Peters / Ahmad<br><b>CASE NUMBER:</b> 34-2022-00331604 | <b>FIRMS NUMBER:</b> 41365.184<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 00025871 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                          |
|---|----------|------------|---------------------------------|
| <b>Sierra Coast Interventional Pain/Radiology<br/>Sacramento,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Custodial Fee<br>Basic Fee - Subpoena | 2.00     | 2.25       | 4.50<br>15.00<br>37.25<br>34.00 |
| Regarding: Donald Peters at Sierra Coast Interventional Pain/Radiology Sacramento   |          | SUB-TOTAL  | 90.75                           |
| Please find the attached status letter. ala   |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                 |          | TOTAL DUE  | 90.75                           |

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P.O. Box 86367  
Los Angeles, CA 90086

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| 861629      | 8/6/2024      | 6828026-03-05 |

**TOTAL DUE: \$ 90.75**

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Los Angeles, CA 90086

Ship To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Donald Peters<br><b>CASE TITLE:</b> Peters / Ahmad<br><b>CASE NUMBER:</b> 34-2022-00331604 | <b>FIRMS NUMBER:</b> 41365.184<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 00025871 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sacramento Spine Treatment Center<br/>Sacramento,CA</b>  |          |                  |        |
| Bates Numbering   | 27.00    | 0.05             | 1.35   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Pages   | 27.00    | 0.15             | 4.05   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Donald Peters at Sacramento Spine Treatment Center Sacramento  |          | <b>SUB-TOTAL</b> | 56.65  |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | .47    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 57.12  |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
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| 861629      | 8/6/2024      | 6828026-06-03 |

**TOTAL DUE: \$ 57.12**

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| 861629      | 8/1/2024      | 6828026-10-03 |

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Bill To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amanda Rawashdeh  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Donald Peters<br><b>CASE TITLE:</b> Peters / Ahmad<br><b>CASE NUMBER:</b> 34-2022-00331604 | <b>FIRMS NUMBER:</b> 41365.184<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 00025871 / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>The Healing Touch Chiropractic<br/>Sacramento,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Bates Numbering   | 63.00    | 0.05             | 3.15         |
| Witness Fee   |          |                  | 15.00        |
| Pages   | 63.00    | 0.15             | 9.45         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Donald Peters at The Healing Touch Chiropractic Sacramento   |          | <b>SUB-TOTAL</b> | <b>63.85</b> |
| Please find the attached Medical and Billing Records! ebg   |          | <b>SALES TAX</b> | <b>1.10</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>64.95</b> |

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| 861629      | 8/1/2024      | 6828026-10-03 |

**TOTAL DUE: \$ 64.95**

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| 861629      | 8/2/2024      | 6828398-02-01 |

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Terms: Net 30

Bill To: Anna Gourgiotopoulou, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anna Gourgiotopoulou  
Lewis Brisbois Bisgaard & Smith, LLP  
333 Bush Street, Suite 1100,  
San Francisco, CA 94104

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Zachary Chase James<br><b>CASE TITLE:</b> Zachary James / Lyft, Inc., et al.<br><b>CASE NUMBER:</b> C21-00092 | <b>FIRMS NUMBER:</b> 37586-2842<br><b>INSURED:</b> Lyft, Inc., et al.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT                         |
|--|----------|------------------|--------------------------------|
| <b>UC Davis/Health Information Management<br/>Mather, CA</b><br><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25             | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Zachary Chase James at UC Davis/Health Information Management Mather  |          | <b>SUB-TOTAL</b> | 56.25                          |
| Please find the attached affidavit of no records. ebg  |          | <b>SALES TAX</b> | .43                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                        |          | <b>TOTAL DUE</b> | 56.68                          |

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**TOTAL DUE: \$ 56.68**

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| 861629      | 8/8/2024      | 6828398-04-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anna Gourgiotopoulou  
Lewis Brisbois Bisgaard & Smith, LLP  
333 Bush Street, Suite 1100,  
San Francisco, CA 94104

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Zachary Chase James<br><b>CASE TITLE:</b> Zachary James / Lyft, Inc., et al.<br><b>CASE NUMBER:</b> C21-00092 | <b>FIRMS NUMBER:</b> 37586-2842<br><b>INSURED:</b> Lyft, Inc., et al.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT         |
|---|----------|------------|----------------|
| <b>Mary Gable MD</b><br><b>Saratoga, CA</b><br>Research<br>Basic Fee - Subpoena   | 1.00     | 15.00      | 15.00<br>34.00 |
| Regarding: Zachary Chase James at Mary Gable MD Saratoga  |          | SUB-TOTAL  | 49.00          |
| Per your office, this case has settled. akl   |          | SALES TAX  | .00            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 49.00          |

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333 Bush Street, Suite 1100,  
San Francisco, CA 94104

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Zachary Chase James<br><b>CASE TITLE:</b> Zachary James / Lyft, Inc., et al.<br><b>CASE NUMBER:</b> C21-00092 | <b>FIRMS NUMBER:</b> 37586-2842<br><b>INSURED:</b> Lyft, Inc., et al.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Functional Cognitive Rehab<br/>Concord,CA</b>  |          |                  |              |
| Bates Numbering   | 14.00    | 0.05             | .70          |
| Pages   | 14.00    | 0.15             | 2.10         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Zachary Chase James at Functional Cognitive Rehab Concord</b>   |          | <b>SUB-TOTAL</b> | <b>36.80</b> |
| <b>Please find the attached Medical Records! akl</b>  |          | <b>SALES TAX</b> | <b>.24</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>37.04</b> |

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**TOTAL DUE: \$ 37.04**

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| 861629      | 8/8/2024      | 6828438-01-01 |

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Bill To: Anna Gourgiotopoulou, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anna Gourgiotopoulou, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Raj Kumar Ghising<br><b>CASE TITLE:</b> Zachary James / Lyft, Inc., et al.<br><b>CASE NUMBER:</b> C21-00092 | <b>FIRMS NUMBER:</b> 37586-2842<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Hanlees Hiltop Toyota<br/>Fairfield, CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena                       | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Raj Kumar Ghising at Hanlees Hiltop Toyota Fairfield   |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Los Angeles, CA 90086

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| 861629      | 8/8/2024      | 6828438-01-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/2/2024      | 6828785-05-01 |

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Terms: Net 30

Bill To: Jay B. Lake  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Jay B Lake, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Mishaun Dillon AKA Mishaun Nel<br><b>CASE TITLE:</b> Mishaun Dillon / Los Angeles County Me<br><b>CASE NUMBER:</b> 22STCV38100 | <b>FIRMS NUMBER:</b> 8793.515<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 7/1/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                  |
|---|----------|------------|-------------------------|
| <b>Gardena Chiro/Med Center<br/>Gardena,CA</b>  |          |            |                         |
| Bates Numbering   | 35.00    | 0.05       | 1.75                    |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50                    |
| Pages   | 35.00    | 0.15       | 5.25                    |
| Shipping and Handling   | 2.00     | 7.00       | 14.00                   |
| Witness Fee   |          |            | 15.00                   |
| CD Duplication  | 1.00     | 5.00       | 5.00                    |
| Basic Fee - Subpoena  |          |            | 34.00                   |
| Custodial Fee   |          |            | 85.00                   |
| Regarding: Mishaun Dillon AKA Mishaun Nelson; Mishaun Keys at Gardena Chiro/Med Center Gardena  |          |            | <b>SUB-TOTAL</b> 164.50 |
| Please find the attached Medical and Billing Records! There are no X-rays. ebg  |          |            | <b>SALES TAX</b> 2.47   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | <b>TOTAL DUE</b> 166.97 |

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**TOTAL DUE: \$ 166.97**

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| 861629      | 8/2/2024      | 6828872-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Joshua Robles  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kyle Maland, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Corey Kepler AKA Corey Kurtz<br><b>CASE TITLE:</b> Corey Kepler / Shield AI, Inc.<br><b>CASE NUMBER:</b> 37-2023-00038808-CU-OE-CTL | <b>FIRMS NUMBER:</b> 37986-8616<br><b>INSURED:</b> Shield AI, Inc.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> KY23K2850221-A / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sayva Solutions<br/>San Diego,CA</b>   |          |                  |        |
| Bates Numbering   | 41.00    | 0.05             | 2.05   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Pages   | 41.00    | 0.15             | 6.15   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Chronological Reorganization of Records - per 50 pages  | 1.00     | 10.00            | 10.00  |
| Regarding: Corey Kepler AKA Corey Kurtz Kepler at Sayva Solutions San Diego   |          | <b>SUB-TOTAL</b> | 69.45  |
| Please find the attached Documents! rs  |          | <b>SALES TAX</b> | 1.41   |
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**TOTAL DUE: \$ 70.86**

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Bill To: Joshua Robles  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kyle Maland, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Corey Kepler AKA Corey Kurtz<br><b>CASE TITLE:</b> Corey Kepler / Shield AI, Inc.<br><b>CASE NUMBER:</b> 37-2023-00038808-CU-OE-CTL | <b>FIRMS NUMBER:</b> 37986-8616<br><b>INSURED:</b> Shield AI, Inc.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> KY23K2850221-A / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Singular Genomics<br/>San Diego,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 73.00    | 0.05             | 3.65   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| Pages   | 73.00    | 0.15             | 10.95  |
| Chronological Reorganization of Records - per 50 pages  | 2.00     | 10.00            | 20.00  |
| Regarding: Corey Kepler AKA Corey Kurtz Kepler at Singular Genomics San Diego   |          | <b>SUB-TOTAL</b> | 85.85  |
| Please find the attached Documents! rs  |          | <b>SALES TAX</b> | 2.68   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 88.53  |

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**TOTAL DUE: \$ 88.53**

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| 861629      | 8/5/2024      | 6828964-03-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                          |
|---|--------------------------|
| <b>PERTAINING TO:</b> Rabi a Keeble                       | <b>FIRMS NUMBER:</b>     |
| <b>CASE TITLE:</b> RABI A KEEBLE, / MERRITT CROSSING SENI | <b>INSURED:</b>          |
| <b>CASE NUMBER:</b> 23CV038759                            | <b>DATE OF LOSS:</b>     |
|   | <b>CLAIM/ POLICY#:</b> / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Eastbay Hospital &amp; PMG/Oakland/Alameda/Radiology Oakland,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Fee - Custodial   |          |                  | 250.00 |
| X-Ray Breakdown   |          |                  | 24.00  |
| Regarding: Rabi a Keeble at Kaiser Eastbay Hospital & PMG/Oakland/Alameda/Radiology Oakland   |          | <b>SUB-TOTAL</b> | 332.25 |
| Please note, films were previously shipped. ebg   |          | <b>SALES TAX</b> | 24.24  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 356.49 |

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Bill To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/5/2024      | 6828964-03-01 |

**TOTAL DUE: \$ 356.49**

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Order # 6828964-03-01/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/5/2024      | 6829827-05-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Wendy Fran Kaplan AKA Wendy Ka      | <b>FIRMS NUMBER:</b> 27350-3135 |
| <b>CASE TITLE:</b> WENDY KAPLAN and DANIEL POST, / ALPHAT | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 23CV01779                             | <b>DATE OF LOSS:</b>            |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>UCSF Department of Radiology<br/>San Francisco,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| CD Duplication  | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Fee - Custodial   |          |                  | 40.00  |
| Regarding: Wendy Fran Kaplan AKA Wendy Kaplan Backer; Wendy Backer at UCSF Department of Radiology San Francisco                                |          | <b>SUB-TOTAL</b> | 105.50 |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | 4.49   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 109.99 |

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Los Angeles, CA 90086

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| 861629      | 8/5/2024      | 6829827-05-01 |

**TOTAL DUE: \$ 109.99**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/5/2024      | 6829827-08-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Wendy Fran Kaplan AKA Wendy Ka      | <b>FIRMS NUMBER:</b> 27350-3135 |
| <b>CASE TITLE:</b> WENDY KAPLAN and DANIEL POST, / ALPHAT | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 23CV01779                             | <b>DATE OF LOSS:</b>            |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Sutter Medical Foundation/Radiology Carmichael,CA</b>  |          |                  |               |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Witness Fee   |          |                  | 15.00         |
| CD Duplication  | 2.00     | 5.00             | 10.00         |
| X-Ray Breakdown   |          |                  | 24.00         |
| X-Ray Fee - Custodial   |          |                  | 380.00        |
| Regarding: Wendy Fran Kaplan AKA Wendy Kaplan Backer; Wendy Backer at Sutter Medical Foundation/Radiology Carmichael                            |          | <b>SUB-TOTAL</b> | <b>470.25</b> |
| Please note, films were previously shipped. akl   |          | <b>SALES TAX</b> | <b>36.14</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>506.39</b> |

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| 861629      | 8/5/2024      | 6829827-08-01 |

**TOTAL DUE: \$ 506.39**

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Order # 6829827-08-01/ABlinvRE.MDX





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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6830289-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Brian Slome  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Brian Slome  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Kenneth Davis<br><b>CASE TITLE:</b> Yarp Devco, LLC / Kenneth Davis et al.<br><b>CASE NUMBER:</b> 37-2023-00030750-CU-BC-CTL | <b>FIRMS NUMBER:</b> 43536-162<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 2023-07-25-LIT-7966 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego City Attorney's Office</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena       | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Kenneth Davis at San Diego City Attorney's Office San Diego  |          | SUB-TOTAL  | 51.25                  |
| Per your office, this order has been cancelled. ebg   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Los Angeles, CA 90086

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| 861629      | 8/2/2024      | 6830289-01-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6830289-01-01/ABInvRE.MDX



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| 861629      | 8/8/2024      | 6830329-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Hoag Memorial Hospital/Radiology<br/>Newport Beach,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at Hoag Memorial Hospital/Radiology Newport Beach  |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this case has settled. akl   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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**TOTAL DUE: \$ 51.25**

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| 861629      | 8/7/2024      | 6830813-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Peggy Kruse  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Mason Smith  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Tony Alexander Wingfield<br><b>CASE TITLE:</b> Tony Wingfield / Concourse Bowling Cen<br><b>CASE NUMBER:</b> 30-2023-01311946-CU-PO-NJC | <b>FIRMS NUMBER:</b> 75.431<br><b>INSURED:</b> Concourse Bowling Center<br><b>DATE OF LOSS:</b> 9/10/2022<br><b>CLAIM/ POLICY#:</b> SF-USCC17812622 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Radnet Inc/Medical Hawthorne,CA</b>  |          |                  |        |
| Bates Numbering   | 23.00    | 0.05             | 1.15   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 23.00    | 0.15             | 3.45   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: Tony Alexander Wingfield at Radnet Inc/Medical Hawthorne   |          | <b>SUB-TOTAL</b> | 80.85  |
| Please find the attached Medical Records! rs  |          | <b>SALES TAX</b> | .36    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 81.21  |

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P.O. Box 86367  
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|-------------|---------------|---------------|
| 861629      | 8/7/2024      | 6830813-01-01 |

**TOTAL DUE: \$ 81.21**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6830854-01-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Taskrabbit<br/>San Francisco,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Research  | 1.00     | 15.00            | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: Gerald Wyss at Taskrabbit San Francisco  |          | <b>SUB-TOTAL</b> | 91.25  |
| Per your office, this case has settled. akl   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 91.25  |

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| 861629      | 8/8/2024      | 6830854-01-03 |

**TOTAL DUE: \$ 91.25**

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| 861629      | 8/8/2024      | 6830854-02-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001 /            |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Lyft, Inc.<br/>Glendale, CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Rush Handling   |          |                  | 25.00        |
| <b>Regarding: Gerald Wyss at Lyft, Inc. Glendale</b>  |          | <b>SUB-TOTAL</b> | <b>76.25</b> |
| <b>Per your office, this case has settled. ebg</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>76.25</b> |

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| 861629      | 8/8/2024      | 6830854-02-01 |

**TOTAL DUE: \$ 76.25**

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| 861629      | 8/8/2024      | 6830854-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Uber Technologies Inc<br/>San Francisco,CA</b>   |          |            |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25   |
| Witness Fee   |          |            | 15.00  |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Rush Handling   |          |            | 25.00  |
| Regarding: Gerald Wyss at Uber Technologies Inc San Francisco   |          | SUB-TOTAL  | 76.25  |
| Per your office, this case has settled. ala   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 76.25  |

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**TOTAL DUE: \$ 76.25**

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| 861629      | 8/8/2024      | 6830854-05-01 |

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Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
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Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001 /            |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Casting Networks<br/>Los Angeles,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at Casting Networks Los Angeles  |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this case has settled. akl   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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Los Angeles, CA 90086

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|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6830854-05-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6830854-05-01/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

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| 861629      | 8/7/2024      | 6832532-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kyla C. Robinson, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kyla C. Robinson, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Justin Brett Harris                 | <b>FIRMS NUMBER:</b> 25631-943 |
| <b>CASE TITLE:</b> JUSTIN HARRIS, / FAST APPLE LOGISTICS, | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 2024CUPA021898                        | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>California Highway Patrol #765<br/>Ventura,CA</b>  |          |                  |        |
| Bates Numbering   | 8.00     | 0.05             | .40    |
| Pages   | 8.00     | 0.15             | 1.20   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Justin Brett Harris at California Highway Patrol #765 Ventura  |          | <b>SUB-TOTAL</b> | 59.85  |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | .82    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 60.67  |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6832532-01-01 |

**TOTAL DUE: \$ 60.67**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/13/2024     | 6832532-08-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Justin Brett Harris                 | <b>FIRMS NUMBER:</b> 25631-943 |
| <b>CASE TITLE:</b> JUSTIN HARRIS, / FAST APPLE LOGISTICS, | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 2024CUPA021898                        | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>ProHealth Advanced Imaging/Radiology<br/>Beverly Hills,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| X-Ray Breakdown   |          |                  | 24.00  |
| X-Ray Fee - Custodial   |          |                  | 50.00  |
| Regarding: Justin Brett Harris at ProHealth Advanced Imaging/Radiology Beverly Hills  |          | <b>SUB-TOTAL</b> | 125.25 |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | 7.03   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 132.28 |

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| 861629      | 8/13/2024     | 6832532-08-01 |

**TOTAL DUE: \$ 132.28**

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| 861629      | 8/5/2024      | 6832532-12-01 |

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Justin Brett Harris                 | <b>FIRMS NUMBER:</b> 25631-943 |
| <b>CASE TITLE:</b> JUSTIN HARRIS, / FAST APPLE LOGISTICS, | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 2024CUPA021898                        | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>UCLA Health Spine Center<br/>Los Angeles,CA</b>  |          |                  |        |
| Bates Numbering   | 24.00    | 0.05             | 1.20   |
| Pages   | 24.00    | 0.15             | 3.60   |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 21.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Research  | 1.00     | 25.00            | 25.00  |
| Regarding: Justin Brett Harris at UCLA Health Spine Center Los Angeles  |          | <b>SUB-TOTAL</b> | 111.30 |
| Please find the attached Medical Records! ala   |          | <b>SALES TAX</b> | 1.12   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 112.42 |

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**TOTAL DUE: \$ 112.42**

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| 861629      | 8/12/2024     | 6832533-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Wendy Fran Kaplan AKA Wendy Ka      | <b>FIRMS NUMBER:</b> 27350-3135 |
| <b>CASE TITLE:</b> WENDY KAPLAN and DANIEL POST, / ALPHAT | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 23CV01779                             | <b>DATE OF LOSS:</b>            |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sutter Medical Foundation/Radiology<br/>Carmichael,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Fee - Custodial   |          |                  | 130.00 |
| Regarding: Wendy Fran Kaplan AKA Wendy Kaplan Backer; Wendy Backer at Sutter Medical<br>Foundation/Radiology Carmichael                         |          | <b>SUB-TOTAL</b> | 190.50 |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | 11.82  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 202.32 |

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Los Angeles, CA 90086

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| 861629      | 8/12/2024     | 6832533-03-01 |

**TOTAL DUE: \$ 202.32**

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Order # 6832533-03-01/ABlinvRE.MDX



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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6832533-05-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: William F. Horsey, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Wendy Fran Kaplan AKA Wendy Ka      | <b>FIRMS NUMBER:</b> 27350-3135 |
| <b>CASE TITLE:</b> WENDY KAPLAN and DANIEL POST, / ALPHAT | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 23CV01779                             | <b>DATE OF LOSS:</b>            |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sutter Medical Foundation/Radiology<br/>Carmichael,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Wendy Fran Kaplan AKA Wendy Kaplan Backer; Wendy Backer at Sutter Medical<br>Foundation/Radiology Carmichael                         |          | <b>SUB-TOTAL</b> | 51.25  |
| Please find the attached status letter. rs  |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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| 861629      | 8/7/2024      | 6832533-05-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/7/2024      | 6832572-09-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Po S. Waghalter  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Po Waghalter, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Bryan Barnes AKA Bryan Barnes<br><b>CASE TITLE:</b> Maliya Saani / Bryan D. Barnes<br><b>CASE NUMBER:</b> 23TRCV01583 | <b>FIRMS NUMBER:</b> 37986.8694<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 4/6/2023<br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                          |
|--|----------|------------|---------------------------------|
| <b>Providence Health and Services/Billing<br/>Portland,OR</b><br>Affidavit of No Billing<br>Custodial Fee<br>Basic Fee - Subpoena<br>Rush Handling |          |            | 5.00<br>10.00<br>34.00<br>25.00 |
| Regarding: Bryan Barnes AKA Bryan Barnes at Providence Health and Services/Billing Portland  |          | SUB-TOTAL  | 74.00                           |
| Please find the attached affidavit of no billings. ala   |          | SALES TAX  | .48                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.    |          | TOTAL DUE  | 74.48                           |

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**TOTAL DUE: \$ 74.48**

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| 861629      | 8/8/2024      | 6832699-05-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Jeffrey Schultz  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>UC Davis/Health Information Mangagement/Billing Mather,CA</b>  |          |                  |        |
| Bates Numbering   | 4.00     | 0.05             | .20    |
| Pages   | 4.00     | 0.15             | .60    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Joseph Lawrence Varella at UC Davis/Health Information Mangagement/Billing Mather  |          | <b>SUB-TOTAL</b> | 52.05  |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | .07    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 52.12  |

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| 861629      | 8/8/2024      | 6832699-05-01 |

**TOTAL DUE: \$ 52.12**

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Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Regents of UC Professional Billing/Business Office<br/>Mather, CA</b>  |          |                  |        |
| Bates Numbering   | 4.00     | 0.05             | .20    |
| Pages   | 4.00     | 0.15             | .60    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Joseph Lawrence Varella at Regents of UC Professional Billing/Business Office Mather   |          | <b>SUB-TOTAL</b> | 52.05  |
| Please find the attached billing records. rs  |          | <b>SALES TAX</b> | .07    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 52.12  |

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| 861629      | 8/12/2024     | 6832699-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>UC Davis/Health Information Management/Radiology Mather, CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Breakdown   |          |                  | 24.00  |
| X-Ray Fee - Custodial   |          |                  | 210.00 |
| Regarding: Joseph Lawrence Varella at UC Davis/Health Information Management/Radiology Mather   |          | <b>SUB-TOTAL</b> | 292.25 |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | 21.09  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 313.34 |

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| 861629      | 8/12/2024     | 6832699-07-01 |

**TOTAL DUE: \$ 313.34**

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| 861629      | 8/13/2024     | 6832699-18-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sacramento Surgical Institute<br/>Folsom,CA</b>  |          |                  |        |
| Bates Numbering   | 15.00    | 0.05             | .75    |
| Pages   | 15.00    | 0.15             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Joseph Lawrence Varella at Sacramento Surgical Institute Folsom  |          | <b>SUB-TOTAL</b> | 37.00  |
| Please find the attached Medical and Billing Records! There are no X-rays. rs   |          | <b>SALES TAX</b> | .26    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 37.26  |

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| 861629      | 8/13/2024     | 6832699-18-01 |

**TOTAL DUE: \$ 37.26**

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| 861629      | 8/7/2024      | 6832699-29-01 |

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|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Results Physical Therapy and Training Center<br/>Coronado,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph Lawrence Varella at Results Physical Therapy and Training Center Coronado</b>  |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Please find the attached affidavit of no records. akl</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>51.25</b> |

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| 861629      | 8/7/2024      | 6832699-29-01 |

**TOTAL DUE: \$ 51.25**

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| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente/Radiology<br/>Anaheim,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| CD Duplication  | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| X-Ray Breakdown   |          |                  | 24.00  |
| X-Ray Fee - Custodial   |          |                  | 50.00  |
| Regarding: Joseph Lawrence Varella at Kaiser Permanente/Radiology Anaheim   |          | <b>SUB-TOTAL</b> | 137.25 |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | 7.53   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 144.78 |

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**TOTAL DUE: \$ 144.78**

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| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Kaiser Eastbay Medical Center and PMG-Oakland/Alameda<br/>Oakland,CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  |          | 2.25             | .00           |
| Witness Fee   |          |                  | 15.00         |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Bates Numbering   | 1,421.00 | 0.05             | 71.05         |
| Pages   | 1,421.00 | 0.15             | 213.15        |
| Custodial Fee   |          |                  | 15.00         |
| <b>Regarding: Joseph Lawrence Varella at Kaiser Eastbay Medical Center and PMG-Oakland/Alameda<br/>Oakland</b>                                  |          | <b>SUB-TOTAL</b> | <b>348.20</b> |
| <b>Please find the attached Medical Records! ala</b>  |          | <b>SALES TAX</b> | <b>24.87</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>373.07</b> |

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**TOTAL DUE: \$ 373.07**

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| 861629      | 8/9/2024      | 6832699-37-01 |

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Sacramento, CA 95833

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| <b>PERTAINING TO:</b> Joseph Lawrence Varella             | <b>FIRMS NUMBER:</b> 6234.15114    |
| <b>CASE TITLE:</b> JOSEPH VARELLA; ROBIN VARELLA, / MICHA | <b>INSURED:</b>                    |
| <b>CASE NUMBER:</b> 34-2022-00319812                      | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> 977-59-25 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Kaiser Eastbay Hospital &amp; PMG/Oakland/Alameda/Radiology<br/>Oakland,CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| CD Duplication  | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Shipping and Handling   | 1.00     | 7.00             | 7.00          |
| Witness Fee   |          |                  | 15.00         |
| X-Ray Breakdown   |          |                  | 24.00         |
| X-Ray Fee - Custodial   |          |                  | 255.00        |
| Regarding: Joseph Lawrence Varella at Kaiser Eastbay Hospital & PMG/Oakland/Alameda/Radiology<br>Oakland  |          | <b>SUB-TOTAL</b> | <b>342.25</b> |
| Please note, films were previously shipped. ala   |          | <b>SALES TAX</b> | <b>25.46</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>367.71</b> |

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**TOTAL DUE: \$ 367.71**

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| 861629      | 8/5/2024      | 6832917-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>City of Newport Beach Fire Department<br/>Newport Beach,CA</b>   |          |                  |        |
| Bates Numbering   | 18.00    | 0.05             | .90    |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Pages   | 18.00    | 0.15             | 2.70   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at City of Newport Beach Fire Department Newport Beach   |          | <b>SUB-TOTAL</b> | 86.85  |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | .82    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 87.67  |

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**TOTAL DUE: \$ 87.67**

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| 861629      | 8/5/2024      | 6833401-01-03 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kristine M. Scribner, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |                                      |
|---|--------------------------------------|
| <b>PERTAINING TO:</b> Tarik Donishay Dean                 | <b>FIRMS NUMBER:</b> 25631.695       |
| <b>CASE TITLE:</b> TARIK DEAN, / BRYAN DAUCHAN, CALIFORNI | <b>INSURED:</b>                      |
| <b>CASE NUMBER:</b> CV2023-0222                           | <b>DATE OF LOSS:</b>                 |
|   | <b>CLAIM/ POLICY#:</b> 0681 001921 / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente<br/>Roseville,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 56.00    | 0.05             | 2.80   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Custodial Fee   |          |                  | 15.00  |
| Pages   | 56.00    | 0.15             | 8.40   |
| Regarding: Tarik Donishay Dean at Kaiser Permanente Roseville   |          | <b>SUB-TOTAL</b> | 62.45  |
| Please find the attached Medical Records! akl   |          | <b>SALES TAX</b> | .98    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 63.43  |

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**TOTAL DUE: \$ 63.43**

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Lewis Brisbois Bisgaard & Smith LLP  
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Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>24 Hour Fitness USA, LLC</b><br><b>Carlsbad, CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena               | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Gerald Wyss at 24 Hour Fitness USA, LLC Carlsbad   |          | SUB-TOTAL  | 51.25                  |
| Per your office, this case has settled. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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**TOTAL DUE: \$ 51.25**

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|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Dusk to Dawn Urgent Care<br/>Paramount,CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Rush Handling   |          |                  | 25.00        |
| Regarding: Gerald Wyss at Dusk to Dawn Urgent Care Paramount  |          | <b>SUB-TOTAL</b> | <b>76.25</b> |
| Per your office, this case has settled. akl   |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>76.25</b> |

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## Remittance Copy

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6833535-01-01 |

**TOTAL DUE: \$ 76.25**

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\* 6 8 3 3 5 3 5 - 0 1 - 0 1 \*

Order # 6833535-01-01/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/5/2024      | 6833535-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                  |
|---|----------|------------|-------------------------|
| <b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga,CA</b>  |          |            |                         |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25                    |
| Shipping and Handling   | 1.00     | 5.00       | 5.00                    |
| Bates Numbering   | 149.00   | 0.05       | 7.45                    |
| Pages   | 149.00   | 0.15       | 22.35                   |
| Witness Fee   |          |            | 15.00                   |
| Rush Handling   |          |            | 25.00                   |
| Basic Fee - Subpoena  |          |            | 34.00                   |
| Regarding: Gerald Wyss at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga                                    |          |            | <b>SUB-TOTAL</b> 111.05 |
| Please find the attached Medical Records! ala   |          |            | <b>SALES TAX</b> 2.70   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | <b>TOTAL DUE</b> 113.75 |

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P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/5/2024      | 6833535-02-01 |

**TOTAL DUE: \$ 113.75**

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Order # 6833535-02-01/ABlinvRE.MDX



# Invoice

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| 861629      | 8/5/2024      | 6833535-03-01 |

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Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga,CA</b>  |          |                  |        |
| Bates Numbering   | 11.00    | 0.05             | .55    |
| Pages   | 11.00    | 0.15             | 1.65   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga                                    |          | <b>SUB-TOTAL</b> | 85.45  |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | .71    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 86.16  |

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Los Angeles, CA 90086

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| 861629      | 8/5/2024      | 6833535-03-01 |

**TOTAL DUE: \$ 86.16**

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# Invoice

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| 861629      | 8/8/2024      | 6833535-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente/Radiology<br/>Anaheim,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at Kaiser Permanente/Radiology Anaheim   |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this case has settled. akl   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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Los Angeles, CA 90086

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| 861629      | 8/8/2024      | 6833535-04-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/9/2024      | 6833570-01-03 |

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Terms: Net 30

Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                         |
|--|----------|------------|--------------------------------|
| <b>American Medical Response<br/>Dallas,TX</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Custodial Fee<br>Basic Fee - Subpoena | 1.00     | 2.25       | 2.25<br>5.00<br>21.00<br>34.00 |
| Regarding: MILAGROS REYES at American Medical Response Dallas  |          | SUB-TOTAL  | 62.25                          |
| Please find the attached affidavit of no records. rs   |          | SALES TAX  | .39                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.        |          | TOTAL DUE  | 62.64                          |

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| 861629      | 8/9/2024      | 6833570-01-03 |

**TOTAL DUE: \$ 62.64**

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| 861629      | 8/5/2024      | 6833570-09-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT   |
|---|----------|------------------|----------|
| <b>Naval Medical Center San Diego/Radiology<br/>San Diego,CA</b>  |          |                  |          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00     |
| CD Duplication  | 4.00     | 5.00             | 20.00    |
| Basic Fee - Subpoena  |          |                  | 34.00    |
| X-Ray Breakdown   |          |                  | 24.00    |
| X-Ray Fee - Custodial   |          |                  | 1,725.00 |
| Regarding: MILAGROS REYES at Naval Medical Center San Diego/Radiology San Diego   |          | <b>SUB-TOTAL</b> | 1,808.00 |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | 137.49   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 1,945.49 |

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P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/5/2024      | 6833570-09-01 |

**TOTAL DUE: \$ 1,945.49**

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Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Laboratory Corporation of America<br/>Burlington,NC</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Bates Numbering   | 281.00   | 0.05             | 14.05  |
| Pages   | 281.00   | 0.15             | 42.15  |
| Custodial Fee   |          |                  | 15.00  |
| Regarding: MILAGROS REYES at Laboratory Corporation of America Burlington   |          | <b>SUB-TOTAL</b> | 114.45 |
| Please find the attached Documents! ebg   |          | <b>SALES TAX</b> | 4.90   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 119.35 |

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| 861629      | 8/14/2024     | 6833570-12-01 |

**TOTAL DUE: \$ 119.35**

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| 861629      | 8/7/2024      | 6833570-13-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>San Diego Urban Search and Rescue #2</b><br><b>San Diego,CA</b>  |          |                  |              |
| Bates Numbering   | 10.00    | 0.05             | .50          |
| Pages   | 10.00    | 0.15             | 1.50         |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Shipping and Handling   | 2.00     | 7.00             | 14.00        |
| Witness Fee   |          |                  | 15.00        |
| Audio Duplication   | 1.00     | 10.00            | 10.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: MILAGROS REYES at San Diego Urban Search and Rescue #2 San Diego   |          | <b>SUB-TOTAL</b> | <b>77.25</b> |
| Please find the attached Documents and Audio CD. ebg  |          | <b>SALES TAX</b> | <b>2.02</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>79.27</b> |

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| 861629      | 8/7/2024      | 6833570-13-01 |

**TOTAL DUE: \$ 79.27**

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| 861629      | 8/7/2024      | 6833570-14-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire-Rescue Department Station 2<br/>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena   | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire-Rescue Department Station 2 San Diego   |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. ala   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6833570-14-01 |

**TOTAL DUE: \$ 51.25**

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.
2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

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Springfield, MO 65801-2970



Order # 6833570-14-01/ABInvRE.MDX



# Invoice

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6833570-15-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 4</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena               | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 4 San Diego   |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
P.O. Box 2970  
Springfield, MO 65801-2970

## Remittance Copy

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/7/2024      | 6833570-15-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6833570-15-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6833570-16-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Amy Frerich  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 14</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 14 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. ala   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/7/2024      | 6833570-16-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/7/2024      | 6833570-17-03 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Amy L. Frerich, Esq.  
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550 West C Street, Suite 1700,  
San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 17</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 17 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. ala   |          | SALES TAX  | .00                    |
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| 861629      | 8/7/2024      | 6833570-17-03 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/7/2024      | 6833570-18-01 |

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P.O. Box 86367  
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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

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|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 18</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 18 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/7/2024      | 6833570-18-01 |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6833570-19-01 |

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San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 20</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 20 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. ala   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/8/2024      | 6833570-19-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/7/2024      | 6833570-20-01 |

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P.O. Box 86367  
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Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire-Rescue Department Station 26<br/>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena  | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire-Rescue Department Station 26 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. rdb   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/7/2024      | 6833570-20-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6833570-20-01/ABlinvRE.MDX



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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6833570-21-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

|   |  |
|---|--|
| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire-Rescue Department Station 32<br/>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena  | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire-Rescue Department Station 32 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Bill To: Amy Frerich  
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Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6833570-21-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6833570-21-01/ABlinvRE.MDX





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| 861629      | 8/7/2024      | 6833570-22-01 |

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P.O. Box 86367  
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Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire-Rescue Department Station 36<br/>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena  | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire-Rescue Department Station 36 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/7/2024      | 6833570-22-01 |

**TOTAL DUE: \$ 51.25**

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Ship To: Amy L. Frerich, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>San Diego Fire Station 45</b><br><b>San Diego,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena              | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: MILAGROS REYES at San Diego Fire Station 45 San Diego  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. akl   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| 861629      | 8/7/2024      | 6833570-23-01 |

**TOTAL DUE: \$ 51.25**

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Los Angeles, CA 90086

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550 West C Street, Suite 1700,  
San Diego, CA 921010000

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| <b>PERTAINING TO:</b> MILAGROS REYES<br><b>CASE TITLE:</b> Milagros Reyes, deceased and her succe<br><b>CASE NUMBER:</b> 37-2022-00045096-CU-PA-CTL | <b>FIRMS NUMBER:</b> 50012-42<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Laboratory Corporation of America<br/>Burlington,NC</b>  |          |                  |        |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Bates Numbering   | 648.00   | 0.05             | 32.40  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 648.00   | 0.15             | 97.20  |
| Chronological Reorganization of Records - per 50 pages  | 13.00    | 10.00            | 130.00 |
| Regarding: MILAGROS REYES at Laboratory Corporation of America Burlington   |          | <b>SUB-TOTAL</b> | 298.60 |
| Please find the attached Documents! akl   |          | <b>SALES TAX</b> | 20.51  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 319.11 |

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| 861629      | 8/15/2024     | 6833570-26-01 |

**TOTAL DUE: \$ 319.11**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/13/2024     | 6833575-01-03 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Michael Hawley<br><b>CASE TITLE:</b> Michael Hawley, Cheri Hawley / Wayne M<br><b>CASE NUMBER:</b> 34-2022-00330654 | <b>FIRMS NUMBER:</b> 202031.26<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT          |
|---|----------|------------------|-----------------|
| <b>Sutter Roseville Medical Center/Medical Sacramento,CA</b>  |          |                  |                 |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25            |
| Witness Fee   |          |                  | 15.00           |
| Rush Handling   |          |                  | 25.00           |
| Basic Fee - Subpoena  |          |                  | 34.00           |
| Bates Numbering   | 3,942.00 | 0.05             | 197.10          |
| Pages   | 3,721.00 | 0.15             | 558.15          |
| Photo Duplication   | 221.00   | 4.00             | 884.00          |
| <b>Regarding: Michael Hawley at Sutter Roseville Medical Center/Medical Sacramento</b>  |          | <b>SUB-TOTAL</b> | <b>1,715.50</b> |
| <b>Please find the attached Medical and Laser Copies! ebg</b>   |          | <b>SALES TAX</b> | <b>143.43</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>1,858.93</b> |

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Bill To: Paul R. Baleria  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Remit To: ABI Document Support Services  
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Springfield, MO 65801-2970

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| 861629      | 8/13/2024     | 6833575-01-03 |

**TOTAL DUE: \$ 1,858.93**

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\* 6 8 3 3 5 7 5 - 0 1 - 0 3 \*

Order # 6833575-01-03/ABInVRE.MDX



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| 861629      | 8/6/2024      | 6833575-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Paul R. Baleria  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Paul R. Baleria, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Michael Hawley<br><b>CASE TITLE:</b> Michael Hawley, Cheri Hawley / Wayne M<br><b>CASE NUMBER:</b> 34-2022-00330654 | <b>FIRMS NUMBER:</b> 202031.26<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Sutter Health Legal Billing/CIOX Health Walnut Creek,CA</b>  |          |                  |        |
| Bates Numbering   | 40.00    | 0.05             | 2.00   |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 40.00    | 0.15             | 6.00   |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 80.00  |
| Regarding: Michael Hawley at Sutter Health Legal Billing/CIOX Health Walnut Creek   |          | <b>SUB-TOTAL</b> | 141.50 |
| Please find the attached billing records. ebg   |          | <b>SALES TAX</b> | .70    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 142.20 |

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| 861629      | 8/6/2024      | 6833575-02-01 |

**TOTAL DUE: \$ 142.20**

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Order # 6833575-02-01/ABInvRE.MDX

\* 6 8 3 3 5 7 5 - 0 2 - 0 1 \*



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| 861629      | 8/9/2024      | 6833575-04-01 |

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Terms: Net 30

Bill To: Paul R. Baleria  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Paul R. Baleria, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
2020 West El Camino Avenue, Suite 700,  
Sacramento, CA 95833

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Michael Hawley<br><b>CASE TITLE:</b> Michael Hawley, Cheri Hawley / Wayne M<br><b>CASE NUMBER:</b> 34-2022-00330654 | <b>FIRMS NUMBER:</b> 202031.26<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                                    |
|---|----------|------------|---|
| <b>Sutter Medical Foundation/Radiology Carmichael,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>X-Ray Fee - Custodial<br>Rush Handling | 1.00     | 2.25       | 2.25<br>15.00<br>34.00<br>130.00<br>25.00 |
| Regarding: Michael Hawley at Sutter Medical Foundation/Radiology Carmichael   |          | SUB-TOTAL  | 206.25                                    |
| Please note, films were previously shipped. ala   |          | SALES TAX  | 11.38                                     |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                               |          | TOTAL DUE  | 217.63                                    |

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**TOTAL DUE: \$ 217.63**

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| 861629      | 8/6/2024      | 6833939-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael Walker, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Harold Ayrton Mora<br><b>CASE TITLE:</b> HAROLD AYRTON MORA, an individual, / B<br><b>CASE NUMBER:</b> 23CV056720 | <b>FIRMS NUMBER:</b> 37986-8860<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Bridge Medical Neurology Consultants<br/>San Jose,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena          | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Harold Ayrton Mora at Bridge Medical Neurology Consultants San Jose  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached affidavit of no records. ala   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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Los Angeles, CA 90086

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| 861629      | 8/6/2024      | 6833939-01-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/14/2024     | 6834012-02-01 |

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Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Ryan O. Manuel, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                          |
|---|--------------------------|
| <b>PERTAINING TO:</b> Maricela Villa Campos               | <b>FIRMS NUMBER:</b>     |
| <b>CASE TITLE:</b> LIONEL NEGRETE, LEO NEGRETE, EDDY NEGR | <b>INSURED:</b>          |
| <b>CASE NUMBER:</b> C23-03297                             | <b>DATE OF LOSS:</b>     |
|   | <b>CLAIM/ POLICY#:</b> / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Contra Costa Fire - Station 9<br/>Pacheco, CA</b>  |          |                  |        |
| Bates Numbering   | 7.00     | 0.05             | .35    |
| Pages   | 7.00     | 0.15             | 1.05   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Custodial Fee   |          |                  | 34.70  |
| Regarding: Maricela Villa Campos at Contra Costa Fire - Station 9 Pacheco   |          | <b>SUB-TOTAL</b> | 72.35  |
| Please find the attached Documents! rs  |          | <b>SALES TAX</b> | .12    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 72.47  |

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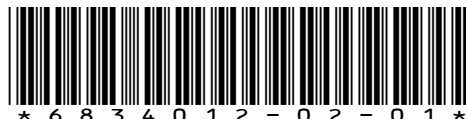
Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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**TOTAL DUE: \$ 72.47**

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| 861629      | 8/2/2024      | 6834012-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Ryan O. Manuel, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                          |
|---|--------------------------|
| <b>PERTAINING TO:</b> Maricela Villa Campos               | <b>FIRMS NUMBER:</b>     |
| <b>CASE TITLE:</b> LIONEL NEGRETE, LEO NEGRETE, EDDY NEGR | <b>INSURED:</b>          |
| <b>CASE NUMBER:</b> C23-03297                             | <b>DATE OF LOSS:</b>     |
|   | <b>CLAIM/ POLICY#:</b> / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Contra Costa Sheriff - Coroner s Division Martinez,CA</b>  |          |                  |        |
| Bates Numbering   | 18.00    | 0.05             | .90    |
| Pages   | 18.00    | 0.15             | 2.70   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 26.00  |
| Regarding: Maricela Villa Campos at Contra Costa Sheriff - Coroner s Division Martinez  |          | <b>SUB-TOTAL</b> | 83.10  |
| Please find the attached Documents! ala   |          | <b>SALES TAX</b> | .31    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 83.41  |

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| 861629      | 8/2/2024      | 6834012-03-01 |

**TOTAL DUE: \$ 83.41**

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# Invoice

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| 861629      | 8/8/2024      | 6834141-03-03 |

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Terms: Net 30

Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Emaan Zaidi<br><b>CASE TITLE:</b> Ailya Batool and Emaan Zaidi / Richard<br><b>CASE NUMBER:</b> 23CV031107 | <b>FIRMS NUMBER:</b> 50012-8189<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 11/29/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>Kaiser Permanente San Leandro Medical Center<br/>San Leandro, CA</b>   |          |            |                  |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50             |
| Shipping and Handling   | 1.00     | 7.00       | 7.00             |
| Witness Fee   |          |            | 15.00            |
| Custodial Fee   |          |            | 15.00            |
| Rush Handling   |          |            | 25.00            |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Photo Duplication   | 10.00    | 4.00       | 40.00            |
| Bates Numbering   | 2,018.00 | 0.05       | 100.90           |
| Pages   | 2,008.00 | 0.15       | 301.20           |
| Regarding: Emaan Zaidi at Kaiser Permanente San Leandro Medical Center San Leandro  |          |            | SUB-TOTAL 542.60 |
| Please find the attached Medical and Laser Copies! ala  |          |            | SALES TAX 42.66  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 585.26 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Emaan Zaidi<br><b>CASE TITLE:</b> Ailya Batool and Emaan Zaidi / Richard<br><b>CASE NUMBER:</b> 23CV031107 | <b>FIRMS NUMBER:</b> 50012-8189<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 11/29/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT   |
|---|----------|------------------|--|
| <b>Kaiser Hospital/PMG - Fremont Radiology<br/>Fremont,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Rush Handling<br>X-Ray Fee - Custodial<br>X-Ray Breakdown | 1.00     | 2.25             | 2.25<br>15.00<br>34.00<br>25.00<br>630.00<br>24.00 |
| Regarding: Emaan Zaidi at Kaiser Hospital/PMG - Fremont Radiology Fremont   |          | <b>SUB-TOTAL</b> | <b>730.25</b>                                      |
| Please note, films were previously shipped. ebg   |          | <b>SALES TAX</b> | <b>62.13</b>                                       |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.   |          | <b>TOTAL DUE</b> | <b>792.38</b>                                      |

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Los Angeles, CA 90086

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| 861629      | 8/12/2024     | 6834141-05-01 |

**TOTAL DUE: \$ 792.38**

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| 861629      | 8/8/2024      | 6834141-06-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Emaan Zaidi<br><b>CASE TITLE:</b> Ailya Batool and Emaan Zaidi / Richard<br><b>CASE NUMBER:</b> 23CV031107 | <b>FIRMS NUMBER:</b> 50012-8189<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 11/29/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Mohamed Rasheed, DC<br/>Union City, CA</b>   |          |                  |        |
| Bates Numbering   | 14.00    | 0.05             | .70    |
| Pages   | 14.00    | 0.15             | 2.10   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Emaan Zaidi at Mohamed Rasheed, DC Union City  |          | <b>SUB-TOTAL</b> | 86.05  |
| Please find the attached Medical and Billing Records! ala   |          | <b>SALES TAX</b> | .93    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 86.98  |

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| 861629      | 8/8/2024      | 6834141-06-01 |

**TOTAL DUE: \$ 86.98**

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Emaan Zaidi<br><b>CASE TITLE:</b> Ailya Batool and Emaan Zaidi / Richard<br><b>CASE NUMBER:</b> 23CV031107 | <b>FIRMS NUMBER:</b> 50012-8189<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 11/29/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Bridge Medical Neurology Consultants<br/>Fremont,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 90.00    | 0.05             | 4.50   |
| Pages   | 90.00    | 0.15             | 13.50  |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Emaan Zaidi at Bridge Medical Neurology Consultants Fremont  |          | <b>SUB-TOTAL</b> | 101.25 |
| Please find the attached Medical and Billing Records! There are no X-rays. ebg  |          | <b>SALES TAX</b> | 2.38   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 103.63 |

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| 861629      | 8/7/2024      | 6834141-07-01 |

**TOTAL DUE: \$ 103.63**

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Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Emaan Zaidi<br><b>CASE TITLE:</b> Ailya Batool and Emaan Zaidi / Richard<br><b>CASE NUMBER:</b> 23CV031107 | <b>FIRMS NUMBER:</b> 50012-8189<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 11/29/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Falck Ambulance Northern California/Alameda County Hayward,CA</b>  |          |                  |              |
| Bates Numbering   | 7.00     | 0.05             | .35          |
| Pages   | 7.00     | 0.15             | 1.05         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Shipping and Handling   | 1.00     | 5.00             | 5.00         |
| Regarding: Emaan Zaidi at Falck Ambulance Northern California/Alameda County Hayward  |          | <b>SUB-TOTAL</b> | <b>40.40</b> |
| Please find the attached Documents! akl   |          | <b>SALES TAX</b> | <b>.61</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>41.01</b> |

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**TOTAL DUE: \$ 41.01**

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| 861629      | 8/15/2024     | 6834221-01-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: David Avakian  
Lewis Brisbois Bisgaard & Smith LLP  
2300 West Sahara Avenue, Suite 300,  
Las Vegas, NV 89102

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Socorro Salugsugan Kelly<br><b>CASE TITLE:</b> Socorro Kelly / Proview Series 33, LLC<br><b>CASE NUMBER:</b> A-21-835044-C | <b>FIRMS NUMBER:</b> 27350.3224<br><b>INSURED:</b> Proview Series 33, LLC<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> BDG - 3034054-01-01 / BDG-3034054-01 |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT          |
|---|----------|------------|-----------------|
| <b>University Medical Center of Southern Nevada/Medical Las Vegas,NV</b>  |          |            |                 |
| Bates Numbering   | 26.00    | 0.05       | 1.30            |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25            |
| Basic Fee - Authorization   |          |            | 24.00           |
| Pages   | 26.00    | 0.15       | 3.90            |
| Shipping and Handling   | 1.00     | 7.00       | 7.00            |
| Custodial Fee   |          |            | 20.60           |
| Regarding: Socorro Salugsugan Kelly at University Medical Center of Southern Nevada/Medical Las Vegas   |          |            | SUB-TOTAL 59.05 |
| Please find the attached Medical Records! ala   |          |            | SALES TAX 1.02  |
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**TOTAL DUE: \$ 60.07**

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| <b>PERTAINING TO:</b> Socorro Salugsugan Kelly<br><b>CASE TITLE:</b> Socorro Kelly / Proview Series 33, LLC<br><b>CASE NUMBER:</b> A-21-835044-C | <b>FIRMS NUMBER:</b> 27350.3224<br><b>INSURED:</b> Proview Series 33, LLC<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> BDG - 3034054-01-01 / BDG-3034054-01 |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>University Medical Center of Southern Nevada/Billing Las Vegas,NV</b>  |          |                  |        |
| Bates Numbering   | 2.00     | 0.05             | .10    |
| Pages   | 2.00     | 0.15             | .30    |
| Basic Fee - Authorization   |          |                  | 24.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Custodial Fee   |          |                  | 10.00  |
| Regarding: Socorro Salugsugan Kelly at University Medical Center of Southern Nevada/Billing Las Vegas   |          | <b>SUB-TOTAL</b> | 43.65  |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | .62    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 44.27  |

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**TOTAL DUE: \$ 44.27**

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| 861629      | 8/15/2024     | 6834221-03-01 |

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Las Vegas, NV 89102

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| <b>PERTAINING TO:</b> Socorro Salugsugan Kelly<br><b>CASE TITLE:</b> Socorro Kelly / Proview Series 33, LLC<br><b>CASE NUMBER:</b> A-21-835044-C | <b>FIRMS NUMBER:</b> 27350.3224<br><b>INSURED:</b> Proview Series 33, LLC<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> BDG - 3034054-01-01 / BDG-3034054-01 |
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| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT                |
|--|----------|------------------|-----------------------|
| <b>University Medical Center of Southern Nevada/Radiology Las Vegas,NV</b><br>Fee Advance Charge - per payment<br>Custodial Fee<br>Basic Fee - Authorization | 1.00     | 2.25             | 2.25<br>5.00<br>24.00 |
| Regarding: Socorro Salugsugan Kelly at University Medical Center of Southern Nevada/Radiology Las Vegas  |          | <b>SUB-TOTAL</b> | 31.25                 |
| Please find the attached affidavit of no X-rays. ala   |          | <b>SALES TAX</b> | .00                   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.              |          | <b>TOTAL DUE</b> | 31.25                 |

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**TOTAL DUE: \$ 31.25**

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| <b>PERTAINING TO:</b> Socorro Salugsugan Kelly<br><b>CASE TITLE:</b> Socorro Kelly / Proview Series 33, LLC<br><b>CASE NUMBER:</b> A-21-835044-C | <b>FIRMS NUMBER:</b> 27350.3224<br><b>INSURED:</b> Proview Series 33, LLC<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> BDG - 3034054-01-01 / BDG-3034054-01 |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Guadalupe Medical Center<br/>Las Vegas,NV</b>  |          |                  |               |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Bates Numbering   | 278.00   | 0.05             | 13.90         |
| Basic Fee - Authorization   |          |                  | 24.00         |
| Pages   | 278.00   | 0.15             | 41.70         |
| Custodial Fee   |          |                  | 153.60        |
| Regarding: Socorro Salugsugan Kelly at Guadalupe Medical Center Las Vegas   |          | <b>SUB-TOTAL</b> | <b>240.45</b> |
| Please find the attached Medical Records! There are no X-rays. rs   |          | <b>SALES TAX</b> | <b>5.08</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>245.53</b> |

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**TOTAL DUE: \$ 245.53**

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| 861629      | 8/12/2024     | 6834221-05-01 |

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| <b>PERTAINING TO:</b> Socorro Salugsugan Kelly<br><b>CASE TITLE:</b> Socorro Kelly / Proview Series 33, LLC<br><b>CASE NUMBER:</b> A-21-835044-C | <b>FIRMS NUMBER:</b> 27350.3224<br><b>INSURED:</b> Proview Series 33, LLC<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> BDG - 3034054-01-01 / BDG-3034054-01 |
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| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Select Physical Therapy<br/>League City,PA</b>   |          |                  |        |
| Bates Numbering   | 54.00    | 0.05             | 2.70   |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Basic Fee - Authorization   |          |                  | 24.00  |
| Pages   | 54.00    | 0.15             | 8.10   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Custodial Fee   |          |                  | 158.41 |
| Regarding: Socorro Salugsugan Kelly at Select Physical Therapy League City  |          | <b>SUB-TOTAL</b> | 204.71 |
| Please find the attached Medical and Billing Records! ebg   |          | <b>SALES TAX</b> | 1.49   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 206.20 |

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**TOTAL DUE: \$ 206.20**

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| 861629      | 8/5/2024      | 6834472-01-01 |

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P.O. Box 86367  
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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Acsa Vazquez<br><b>CASE TITLE:</b> A.V. by and through GAL Martha Vazquez<br><b>CASE NUMBER:</b> 30-2024-01383647-CU-PN-CJC | <b>FIRMS NUMBER:</b> 33359-55<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/22/2023<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Bates Numbering   | 877.00   | 0.05             | 43.85  |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Pages   | 877.00   | 0.15             | 131.55 |
| Regarding: Acsa Vazquez at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga                                   |          | <b>SUB-TOTAL</b> | 256.65 |
| Please find the attached Medical Records! rs  |          | <b>SALES TAX</b> | 17.14  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 273.79 |

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**TOTAL DUE: \$ 273.79**

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| 861629      | 8/7/2024      | 6834472-02-01 |

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| <b>PERTAINING TO:</b> Acsa Vazquez<br><b>CASE TITLE:</b> A.V. by and through GAL Martha Vazquez<br><b>CASE NUMBER:</b> 30-2024-01383647-CU-PN-CJC | <b>FIRMS NUMBER:</b> 33359-55<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/22/2023<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 55.00    | 0.05             | 2.75   |
| Pages   | 55.00    | 0.15             | 8.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Acsa Vazquez at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga                                   |          | <b>SUB-TOTAL</b> | 92.25  |
| Please find the attached billing records. akl   |          | <b>SALES TAX</b> | 1.52   |
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**TOTAL DUE: \$ 93.77**

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|---|--|
| <b>PERTAINING TO:</b> Acsa Vazquez<br><b>CASE TITLE:</b> A.V. by and through GAL Martha Vazquez<br><b>CASE NUMBER:</b> 30-2024-01383647-CU-PN-CJC | <b>FIRMS NUMBER:</b> 33359-55<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/22/2023<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Kaiser Permanente/Radiology<br/>Anaheim,CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Witness Fee   |          |                  | 15.00         |
| CD Duplication  | 1.00     | 5.00             | 5.00          |
| Rush Handling   |          |                  | 25.00         |
| X-Ray Breakdown   |          |                  | 24.00         |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| X-Ray Fee - Custodial   |          |                  | 255.00        |
| Regarding: Acsa Vazquez at Kaiser Permanente/Radiology Anaheim  |          | <b>SUB-TOTAL</b> | <b>365.25</b> |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | <b>27.46</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>392.71</b> |

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| 861629      | 8/7/2024      | 6834472-03-01 |

**TOTAL DUE: \$ 392.71**

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| 861629      | 8/8/2024      | 6834491-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Danielle Parker  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Andrew Kornoff, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
650 Town Center Drive, 20th Floor, Suite 1400,  
Costa Mesa, CA 92626

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gerald Wyss                         | <b>FIRMS NUMBER:</b> 48120.73                             |
| <b>CASE TITLE:</b> GERALD WYSS / WILLIAM D. ROY; ROY WALK | <b>INSURED:</b> Roy Walker & Associates, & William D. Roy |
| <b>CASE NUMBER:</b> 30-2022-01288774-CU-PA-NJC            | <b>DATE OF LOSS:</b> 4/16/2022                            |
|   | <b>CLAIM/ POLICY#:</b> 0012279-01-CA-001-001-001 /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>United Medical Imaging of Huntington Beach/Radiology<br/>Huntington Beach,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gerald Wyss at United Medical Imaging of Huntington Beach/Radiology Huntington Beach   |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this case has settled. ebg   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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| 861629      | 8/8/2024      | 6834491-02-01 |

**TOTAL DUE: \$ 51.25**

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| 861629      | 8/1/2024      | 6834542-02-01 |

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Bill To: Anthony D. Ross  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anthony Ross  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Jathan Quiroz<br><b>CASE TITLE:</b> Jathan Quiroz by and through his Guard<br><b>CASE NUMBER:</b> VCU297860 | <b>FIRMS NUMBER:</b> 32132.16<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/16/2022<br><b>CLAIM/ POLICY#:</b> FR100848 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Kaweah Delta Health Care District/Medical Visalia,CA</b>   |          |                  |               |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Bates Numbering   | 974.00   | 0.05             | 48.70         |
| Witness Fee   |          |                  | 15.00         |
| Custodial Fee   |          |                  | 90.40         |
| Pages   | 974.00   | 0.15             | 146.10        |
| Regarding: Jathan Quiroz at Kaweah Delta Health Care District/Medical Visalia   |          | <b>SUB-TOTAL</b> | <b>343.70</b> |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | <b>18.98</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>362.68</b> |

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**TOTAL DUE: \$ 362.68**

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| 861629      | 8/13/2024     | 6834542-04-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Anthony Ross  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Jathan Quiroz<br><b>CASE TITLE:</b> Jathan Quiroz by and through his Guard<br><b>CASE NUMBER:</b> VCU297860 | <b>FIRMS NUMBER:</b> 32132.16<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/16/2022<br><b>CLAIM/ POLICY#:</b> FR100848 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                         |
|---|----------|------------|--------------------------------|
| <b>Kaweah Delta Health Care District/Radiology<br/>Visalia,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Films<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Jathan Quiroz at Kaweah Delta Health Care District/Radiology Visalia   |          | SUB-TOTAL  | 56.25                          |
| Please find the attached affidavit of no X-rays. ala  |          | SALES TAX  | .48                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                       |          | TOTAL DUE  | 56.73                          |

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Los Angeles, CA 90086

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Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Jathan Quiroz<br><b>CASE TITLE:</b> Jathan Quiroz by and through his Guard<br><b>CASE NUMBER:</b> VCU297860 | <b>FIRMS NUMBER:</b> 32132.16<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 8/16/2022<br><b>CLAIM/ POLICY#:</b> FR100848 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Stanford Health Care/Billing<br/>Los Angeles,CA</b>  |          |                  |              |
| Bates Numbering   | 2.00     | 0.05             | .10          |
| Pages   | 2.00     | 0.15             | .30          |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50         |
| Shipping and Handling   | 1.00     | 7.00             | 7.00         |
| Witness Fee   |          |                  | 15.00        |
| Custodial Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Jathan Quiroz at Stanford Health Care/Billing Los Angeles  |          | <b>SUB-TOTAL</b> | <b>75.90</b> |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | <b>.70</b>   |
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**TOTAL DUE: \$ 76.60**

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| 861629      | 8/14/2024     | 6835039-01-01 |

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Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Jathan Quiroz<br><b>CASE TITLE:</b> Jathan Quiroz by and through his Guard<br><b>CASE NUMBER:</b> VCU297860 | <b>FIRMS NUMBER:</b> 32132.16<br><b>INSURED:</b> City of Tulare<br><b>DATE OF LOSS:</b> 8/16/2022<br><b>CLAIM/ POLICY#:</b> FR100848 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Valley Children's Hospital/Medical Records<br/>Madera,CA</b>   |          |                  |              |
| Bates Numbering   | 32.00    | 0.05             | 1.60         |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50         |
| Pages   | 32.00    | 0.15             | 4.80         |
| Shipping and Handling   | 1.00     | 7.00             | 7.00         |
| Witness Fee   |          |                  | 15.00        |
| Custodial Fee   |          |                  | 11.20        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Jathan Quiroz at Valley Children's Hospital/Medical Records Madera   |          | <b>SUB-TOTAL</b> | <b>78.10</b> |
| Please find the attached Medical and Billing Records! ebg   |          | <b>SALES TAX</b> | <b>1.27</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>79.37</b> |

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**TOTAL DUE: \$ 79.37**

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| 861629      | 8/13/2024     | 6835039-05-01 |

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Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Jathan Quiroz<br><b>CASE TITLE:</b> Jathan Quiroz by and through his Guard<br><b>CASE NUMBER:</b> VCU297860 | <b>FIRMS NUMBER:</b> 32132.16<br><b>INSURED:</b> City of Tulare<br><b>DATE OF LOSS:</b> 8/16/2022<br><b>CLAIM/ POLICY#:</b> FR100848 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Stanford Health Care/Billing<br/>Los Angeles,CA</b>  |          |                  |              |
| Bates Numbering   | 2.00     | 0.05             | .10          |
| Pages   | 2.00     | 0.15             | .30          |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50         |
| Shipping and Handling   | 1.00     | 5.00             | 5.00         |
| Witness Fee   |          |                  | 15.00        |
| Custodial Fee   |          |                  | 25.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Regarding: Jathan Quiroz at Stanford Health Care/Billing Los Angeles  |          | <b>SUB-TOTAL</b> | <b>83.90</b> |
| Please find the attached billing records. akl   |          | <b>SALES TAX</b> | <b>.51</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>84.41</b> |

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| 861629      | 8/13/2024     | 6835039-05-01 |

**TOTAL DUE: \$ 84.41**

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| 861629      | 8/14/2024     | 6835448-01-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Tyler Weakland AKA Tyler Ryan<br><b>CASE TITLE:</b> Tyler Weakland / New Life House Inc.,<br><b>CASE NUMBER:</b> 23TRCV01870 | <b>FIRMS NUMBER:</b> 37986.8566<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/17/2021<br><b>CLAIM/ POLICY#:</b> 64931675464844 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT         |
|---|----------|------------|----------------|
| Indiana University Office of the Registrar<br>Bloomington,IN<br>Rush Handling<br>Basic Fee - Subpoena   |          |            | 25.00<br>34.00 |
| Regarding: Tyler Weakland AKA Tyler Ryan Weakland at Indiana University Office of the Registrar<br>Bloomington                                  |          | SUB-TOTAL  | 59.00          |
| Per your office, this order has been cancelled. ala   |          | SALES TAX  | .00            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 59.00          |

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**TOTAL DUE: \$ 59.00**

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| 861629      | 8/14/2024     | 6835448-02-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Tyler Weakland AKA Tyler Ryan<br><b>CASE TITLE:</b> Tyler Weakland / New Life House Inc.,<br><b>CASE NUMBER:</b> 23TRCV01870 | <b>FIRMS NUMBER:</b> 37986.8566<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/17/2021<br><b>CLAIM/ POLICY#:</b> 64931675464844 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                          |
|---|----------|------------|---------------------------------|
| <b>Neuro Wellness Spa<br/>Manhattan Beach, CA</b><br><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Rush Handling | 1.00     | 2.25       | 2.25<br>15.00<br>34.00<br>25.00 |
| Regarding: Tyler Weakland AKA Tyler Ryan Weakland at Neuro Wellness Spa Manhattan Beach   |          | SUB-TOTAL  | 76.25                           |
| Per your office, this order has been cancelled. ebg   |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.   |          | TOTAL DUE  | 76.25                           |

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**TOTAL DUE: \$ 76.25**

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San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> 3590 Madison Avenue, San Diego<br><b>CASE TITLE:</b> Yarp Devco, LLC / Kenneth Davis et al.<br><b>CASE NUMBER:</b> 37-2023-00030750-CU-BC-CTL | <b>FIRMS NUMBER:</b> 43536-162<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 2023-07-25-LIT-7966 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT           |
|---|----------|------------|------------------|
| <b>KLC San Deigo Enterprises Inc. / Peggy Rose Levin San Diego,CA</b>   |          |            |                  |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25             |
| Bates Numbering   | 182.00   | 0.05       | 9.10             |
| Chronological Reorganization of Records - per 50 pages  | 4.00     | 10.00      | 40.00            |
| Witness Fee   |          |            | 15.00            |
| Pages   | 182.00   | 0.15       | 27.30            |
| Basic Fee - Subpoena  |          |            | 34.00            |
| Document Classification- per 50 pages   | 4.00     | 10.00      | 40.00            |
| Regarding: 3590 Madison Avenue, San Diego, California 92116 at KLC San Deigo Enterprises Inc. / Peggy Rose Levin San Diego                      |          |            | SUB-TOTAL 167.65 |
| Please find the attached Documents! rs  |          |            | SALES TAX 9.02   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 176.67 |

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| 861629      | 8/5/2024      | 6835562-01-03 |

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| 861629      | 8/9/2024      | 6835562-02-03 |

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90086

Ship To: Brian Slome  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|   |   |
|---|---|
| <b>PERTAINING TO:</b> 3590 Madison Avenue, San Diego<br><b>CASE TITLE:</b> Yarp Devco, LLC / Kenneth Davis et al.<br><b>CASE NUMBER:</b> 37-2023-00030750-CU-BC-CTL | <b>FIRMS NUMBER:</b> 43536-162<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 2023-07-25-LIT-7966 / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT          |
|---|----------|------------|-----------------|
| <b>Ruben F. Arizmendi<br/>San Diego,CA</b>  |          |            |                 |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25            |
| Bates Numbering   | 80.00    | 0.05       | 4.00            |
| Pages   | 80.00    | 0.15       | 12.00           |
| Witness Fee   |          |            | 15.00           |
| Basic Fee - Subpoena  |          |            | 34.00           |
| Chronological Reorganization of Records - per 50 pages  | 2.00     | 10.00      | 20.00           |
| Regarding: 3590 Madison Avenue, San Diego, California 92116 at Ruben F. Arizmendi San Diego   |          |            | SUB-TOTAL 87.25 |
| Please find the attached Documents! rs  |          |            | SALES TAX 2.79  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 90.04 |

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| 861629      | 8/9/2024      | 6835562-02-03 |

TOTAL DUE: \$ 90.04

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| 861629      | 8/8/2024      | 6835595-01-01 |

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Terms: Net 30

Bill To: Michael McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> John William Rust<br><b>CASE TITLE:</b> John William Rust / Beatriz Maria Loer<br><b>CASE NUMBER:</b> 24NNCCV02082 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b> Beatriz Maria Loera<br><b>DATE OF LOSS:</b> 10/23/2022<br><b>CLAIM/ POLICY#:</b> HO0001053366 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Providence Saint Joseph Medical Center/Medical Records<br/>Burbank,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Bates Numbering   | 161.00   | 0.05             | 8.05   |
| Pages   | 161.00   | 0.15             | 24.15  |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 80.00  |
| Regarding: John William Rust at Providence Saint Joseph Medical Center/Medical Records Burbank  |          | <b>SUB-TOTAL</b> | 172.70 |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | 4.02   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 176.72 |

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**TOTAL DUE: \$ 176.72**

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| 861629      | 8/7/2024      | 6835595-10-01 |

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Bill To: Michael McLain  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Michael McLain, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> John William Rust<br><b>CASE TITLE:</b> John William Rust / Beatriz Maria Loer<br><b>CASE NUMBER:</b> 24NNCCV02082 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b> Beatriz Maria Loera<br><b>DATE OF LOSS:</b> 10/23/2022<br><b>CLAIM/ POLICY#:</b> HO0001053366 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Media City Medical<br/>Burbank,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Bates Numbering   | 246.00   | 0.05             | 12.30  |
| Pages   | 246.00   | 0.15             | 36.90  |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 150.00 |
| Regarding: John William Rust at Media City Medical Burbank  |          | <b>SUB-TOTAL</b> | 259.70 |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | 5.34   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 265.04 |

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| 861629      | 8/5/2024      | 6836530-01-01 |

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Bill To: Alexander Green  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> John De Leon Reyes, Jr. AKA Jo<br><b>CASE TITLE:</b> John De Leon Reyes, Jr. / Kevin Gia Vu<br><b>CASE NUMBER:</b> 30-2023-01345952-CU-PA-NJC | <b>FIRMS NUMBER:</b> 37986.8625<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/22/2021<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                  |
|---|----------|------------|-------------------------|
| <b>La Palma Intercommunity Hospital</b><br><b>La Palma,CA</b>   |          |            |                         |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25                    |
| Shipping and Handling   | 1.00     | 5.00       | 5.00                    |
| Basic Fee - Subpoena  |          |            | 34.00                   |
| Bates Numbering   | 275.00   | 0.05       | 13.75                   |
| Witness Fee   |          |            | 15.00                   |
| Rush Handling   |          |            | 25.00                   |
| Pages   | 275.00   | 0.15       | 41.25                   |
| Regarding: John De Leon Reyes, Jr. AKA John De Leon Reyes, Jr. or John De Leon Reyes at La Palma Intercommunity Hospital La Palma               |          |            | <b>SUB-TOTAL</b> 136.25 |
| Please find the attached Medical Records! ala   |          |            | <b>SALES TAX</b> 5.70   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | <b>TOTAL DUE</b> 141.95 |

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| 861629      | 8/15/2024     | 6836530-05-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> John De Leon Reyes, Jr. AKA Jo<br><b>CASE TITLE:</b> John De Leon Reyes, Jr. / Kevin Gia Vu<br><b>CASE NUMBER:</b> 30-2023-01345952-CU-PA-NJC | <b>FIRMS NUMBER:</b> 37986.8625<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/22/2021<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>WestStar Physical Therapy, Inc/Billing<br/>Garden Grove,CA</b>   |          |                  |        |
| Bates Numbering   | 2.00     | 0.05             | .10    |
| Pages   | 2.00     | 0.15             | .30    |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: John De Leon Reyes, Jr. AKA John De Leon Reyes, Jr. or John De Leon Reyes at WestStar<br>Physical Therapy, Inc/Billing Garden Grove  |          | <b>SUB-TOTAL</b> | 81.65  |
| Please find the attached billing records. akl   |          | <b>SALES TAX</b> | .51    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 82.16  |

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| 861629      | 8/13/2024     | 6836530-08-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> John De Leon Reyes, Jr. AKA Jo      | <b>FIRMS NUMBER:</b> 37986.8625 |
| <b>CASE TITLE:</b> John De Leon Reyes, Jr. / Kevin Gia Vu | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 30-2023-01345952-CU-PA-NJC            | <b>DATE OF LOSS:</b> 9/22/2021  |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT        |
|--|----------|------------------|---------------|
| <b>NewportCare Medical Group/Medical<br/>Newport Beach,CA</b>  |          |                  |               |
| Bates Numbering  | 45.00    | 0.05             | 2.25          |
| Fee Advance Charge - per payment   | 1.00     | 2.25             | 2.25          |
| Pages  | 45.00    | 0.15             | 6.75          |
| Witness Fee  |          |                  | 25.00         |
| Shipping and Handling  | 1.00     | 5.00             | 5.00          |
| Rush Handling  |          |                  | 25.00         |
| Basic Fee - Subpoena   |          |                  | 34.00         |
| <b>Regarding: John De Leon Reyes, Jr. AKA John De Leon Reyes, Jr. or John De Leon Reyes at NewportCare<br/>Medical Group/Medical Newport Beach</b> |          | <b>SUB-TOTAL</b> | <b>100.25</b> |
| <b>Please find the attached Medical Records! rs</b>  |          | <b>SALES TAX</b> | <b>1.33</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.    |          | <b>TOTAL DUE</b> | <b>101.58</b> |

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**TOTAL DUE: \$ 101.58**

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Lewis Brisbois Bisgaard & Smith LLP  
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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> John De Leon Reyes, Jr. AKA Jo<br><b>CASE TITLE:</b> John De Leon Reyes, Jr. / Kevin Gia Vu<br><b>CASE NUMBER:</b> 30-2023-01345952-CU-PA-NJC | <b>FIRMS NUMBER:</b> 37986.8625<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/22/2021<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT          |
|---|----------|------------|-----------------|
| <b>NewportCare Medical Group/Billing<br/>Newport Beach,CA</b>   |          |            |                 |
| Bates Numbering   | 2.00     | 0.05       | .10             |
| Pages   | 2.00     | 0.15       | .30             |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25            |
| Shipping and Handling   | 1.00     | 5.00       | 5.00            |
| Witness Fee   |          |            | 25.00           |
| Rush Handling   |          |            | 25.00           |
| Basic Fee - Subpoena  |          |            | 34.00           |
| Regarding: John De Leon Reyes, Jr. AKA John De Leon Reyes, Jr. or John De Leon Reyes at NewportCare Medical Group/Billing Newport Beach         |          |            | SUB-TOTAL 91.65 |
| Please find the attached billing records. akl   |          |            | SALES TAX .51   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            | TOTAL DUE 92.16 |

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**TOTAL DUE: \$ 92.16**

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633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Robert Paul Williams<br><b>CASE TITLE:</b> Robert Paul Williams / NBC Universal T<br><b>CASE NUMBER:</b> | <b>FIRMS NUMBER:</b><br><b>INSURED:</b> NBC Universal Theme Parks<br><b>DATE OF LOSS:</b> 4/20/2042<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Renaissance Imaging Center-Northridge<br/>Northridge,CA</b>  |          |                  |        |
| Bates Numbering   | 2.00     | 0.05             | .10    |
| Pages   | 2.00     | 0.15             | .30    |
| Basic Fee - Authorization   |          |                  | 24.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Robert Paul Williams at Renaissance Imaging Center-Northridge Northridge   |          | <b>SUB-TOTAL</b> | 46.65  |
| Please find the attached Medical Records! akl   |          | <b>SALES TAX</b> | .51    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 47.16  |

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**TOTAL DUE: \$ 47.16**

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Order # 6836580-03-01/ABInvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/15/2024     | 6836586-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Parshant Mahbubani, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Parshant Mahbubani, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Angel Ann Brown                     | <b>FIRMS NUMBER:</b> 51917.0034    |
| <b>CASE TITLE:</b> Jimmy Lee Brown, et. al. / Hilbert Hag | <b>INSURED:</b> Hilbert Haghazadeh |
| <b>CASE NUMBER:</b> 24TRCV00993                           | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> /           |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>New Smile Dental<br/>Inglewood,CA</b>  |          |            |        |
| Bates Numbering   | 12.00    | 0.05       | .60    |
| Pages - Additional  | 10.00    | 0.10       | 1.00   |
| Fee Advance Charge - per payment  | 2.00     | 2.25       | 4.50   |
| Pages   | 10.00    | 0.15       | 1.50   |
| Shipping and Handling   | 1.00     | 5.00       | 5.00   |
| Photo Duplication   | 2.00     | 4.00       | 8.00   |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Witness Fee   |          |            | 15.00  |
| Custodial Fee   |          |            | 50.00  |
| Photo Duplication   | 2.00     | 4.00       | 8.00   |
| Regarding: Angel Ann Brown at New Smile Dental Inglewood  |          |            |        |
| Please find the attached Documents and Laser Copies! Please note, a second set of records has been sent to client as requested. aki             |          |            |        |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |        |
| SUB-TOTAL   |          |            | 127.60 |
| SALES TAX   |          |            | 2.29   |
| TOTAL DUE   |          |            | 129.89 |

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| 861629      | 8/15/2024     | 6836586-04-01 |

**TOTAL DUE: \$ 129.89**

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| 861629      | 8/12/2024     | 6836586-06-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Parshant Mahbubani, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                    |
|---|------------------------------------|
| <b>PERTAINING TO:</b> Angel Ann Brown                     | <b>FIRMS NUMBER:</b> 51917.0034    |
| <b>CASE TITLE:</b> Jimmy Lee Brown, et. al. / Hilbert Hag | <b>INSURED:</b> Hilbert Haghazadeh |
| <b>CASE NUMBER:</b> 24TRCV00993                           | <b>DATE OF LOSS:</b>               |
|   | <b>CLAIM/ POLICY#:</b> /           |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Avanti Hospitals/Billing<br/>Santa Fe Springs,CA</b>   |          |                  |        |
| Bates Numbering   | 5.00     | 0.05             | .25    |
| Pages   | 5.00     | 0.15             | .75    |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Angel Ann Brown at Avanti Hospitals/Billing Santa Fe Springs   |          | <b>SUB-TOTAL</b> | 59.25  |
| Please find the attached billing records. ebg   |          | <b>SALES TAX</b> | .76    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 60.01  |

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**TOTAL DUE: \$ 60.01**

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| 861629      | 8/5/2024      | 6836940-11-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Yader Obando AKA Yader Lenis O<br><b>CASE TITLE:</b> Yader Obando and Felipe Obando / Ferna<br><b>CASE NUMBER:</b> 23STCV22880 | <b>FIRMS NUMBER:</b> 37986.9075<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 4/4/2023<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Hamid Mir, MD<br/>Newport Beach, CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Bates Numbering   | 60.00    | 0.05             | 3.00         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Pages   | 60.00    | 0.15             | 9.00         |
| Shipping and Handling   | 1.00     | 7.00             | 7.00         |
| Witness Fee   |          |                  | 15.00        |
| Regarding: Yader Obando AKA Yader Lenis Obando Garth at Hamid Mir, MD Newport Beach   |          | <b>SUB-TOTAL</b> | <b>70.25</b> |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | <b>1.81</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>72.06</b> |

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| 861629      | 8/5/2024      | 6836940-11-01 |

**TOTAL DUE: \$ 72.06**

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| 861629      | 8/13/2024     | 6836940-13-03 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Alexander C. Green, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
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| <b>PERTAINING TO:</b> Yader Obando AKA Yader Lenis O<br><b>CASE TITLE:</b> Yader Obando and Felipe Obando / Ferna<br><b>CASE NUMBER:</b> 23STCV22880 | <b>FIRMS NUMBER:</b> 37986.9075<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 4/4/2023<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Alta Hospitals System, LLC/Billing<br/>Glendale,CA</b>   |          |                  |        |
| Bates Numbering   | 5.00     | 0.05             | .25    |
| Pages   | 5.00     | 0.15             | .75    |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Yader Obando AKA Yader Lenis Obando Garth at Alta Hospitals System, LLC/Billing Glendale   |          | <b>SUB-TOTAL</b> | 84.25  |
| Please find the attached billing records. ebg   |          | <b>SALES TAX</b> | .76    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 85.01  |

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**TOTAL DUE: \$ 85.01**

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| 861629      | 8/2/2024      | 6836940-23-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Yader Obando AKA Yader Lenis O<br><b>CASE TITLE:</b> Yader Obando and Felipe Obando / Ferna<br><b>CASE NUMBER:</b> 23STCV22880 | <b>FIRMS NUMBER:</b> 37986.9075<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 4/4/2023<br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Prestige Medical Pharmacy<br/>Fountain Valley,CA</b>   |          |            |        |
| Bates Numbering   | 2.00     | 0.05       | .10    |
| Pages   | 2.00     | 0.15       | .30    |
| Fee Advance Charge - per payment  | 1.00     | 2.25       | 2.25   |
| Shipping and Handling   | 1.00     | 7.00       | 7.00   |
| Witness Fee   |          |            | 15.00  |
| Rush Handling   |          |            | 25.00  |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Yader Obando AKA Yader Lenis Obando Garth at Prestige Medical Pharmacy Fountain Valley   |          |            |        |
| Please find the attached Documents! ebg   |          |            |        |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |        |
| SUB-TOTAL   |          |            | 83.65  |
| SALES TAX   |          |            | .70    |
| TOTAL DUE   |          |            | 84.35  |

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**TOTAL DUE: \$ 84.35**

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# Invoice

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| 861629      | 8/15/2024     | 6836954-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Parshant Mahbubani, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Samantha Smart<br><b>CASE TITLE:</b> Samantha Smart / EOS Fitness, et al.<br><b>CASE NUMBER:</b> CVSW2307530 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Southwest Healthcare System/Medical Records Murrieta,CA</b>  |          |                  |               |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Bates Numbering   | 1,088.00 | 0.05             | 54.40         |
| Witness Fee   |          |                  | 15.00         |
| Custodial Fee   |          |                  | 101.80        |
| Pages   | 1,088.00 | 0.15             | 163.20        |
| Regarding: Samantha Smart at Southwest Healthcare System/Medical Records Murrieta   |          | <b>SUB-TOTAL</b> | <b>377.90</b> |
| Please find the attached Medical Records! akl   |          | <b>SALES TAX</b> | <b>21.15</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>399.05</b> |

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**TOTAL DUE: \$ 399.05**

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| 861629      | 8/15/2024     | 6836954-02-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Samantha Smart<br><b>CASE TITLE:</b> Samantha Smart / EOS Fitness, et al.<br><b>CASE NUMBER:</b> CVSW2307530 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Southwest Healthcare System/Billing Murrieta, CA</b>   |          |                  |        |
| Bates Numbering   | 40.00    | 0.05             | 2.00   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 40.00    | 0.15             | 6.00   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Samantha Smart at Southwest Healthcare System/Billing Murrieta   |          | <b>SUB-TOTAL</b> | 66.25  |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | 1.43   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 67.68  |

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| 861629      | 8/15/2024     | 6836954-02-01 |

**TOTAL DUE: \$ 67.68**

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Los Angeles, CA 90086

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Los Angeles, CA 90071

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| <b>PERTAINING TO:</b> Samantha Smart<br><b>CASE TITLE:</b> Samantha Smart / EOS Fitness, et al.<br><b>CASE NUMBER:</b> CVSW2307530 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Southwest Healthcare System/Radiology<br/>Murrieta, CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| CD Duplication  | 1.00     | 5.00             | 5.00   |
| X-Ray Fee - Custodial   |          |                  | 150.00 |
| Regarding: Samantha Smart at Southwest Healthcare System/Radiology Murrieta   |          | <b>SUB-TOTAL</b> | 213.50 |
| Please note, films were previously shipped. aki   |          | <b>SALES TAX</b> | 15.20  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 228.70 |

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| 861629      | 8/15/2024     | 6836954-03-01 |

**TOTAL DUE: \$ 228.70**

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| 861629      | 8/12/2024     | 6836954-06-03 |

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|--|---|
| <b>PERTAINING TO:</b> Samantha Smart<br><b>CASE TITLE:</b> Samantha Smart / EOS Fitness, et al.<br><b>CASE NUMBER:</b> CVSW2307530 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>The Beverly Hills Lung and Sleep Institute<br/>Beverly Hills,CA</b>  |          |                  |        |
| Bates Numbering   | 9.00     | 0.05             | .45    |
| Pages   | 9.00     | 0.15             | 1.35   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Samantha Smart at The Beverly Hills Lung and Sleep Institute Beverly Hills   |          | <b>SUB-TOTAL</b> | 60.05  |
| Please find the attached Medical Records! There are no X-rays. ebg  |          | <b>SALES TAX</b> | .84    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 60.89  |

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Bill To: Parshant Mahbubani, Esq  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/12/2024     | 6836954-06-03 |

**TOTAL DUE: \$ 60.89**

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.
2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

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Order # 6836954-06-03/ABInvRE.MDX

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/6/2024      | 6837379-06-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Charles Strange  
Zurich Insurance Company - Master Billing Account  
P.O. Box 968020  
Schaumburg, IL 60196

Ship To: David M. Samuels, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Marvin Estrada<br><b>CASE TITLE:</b> Marvin Estrada / HYATT CORPORATION, HY<br><b>CASE NUMBER:</b> 37-2024-00011005-CU-PO-CTL | <b>FIRMS NUMBER:</b> 50012.9847<br><b>INSURED:</b> HYATT CORPORATION<br><b>DATE OF LOSS:</b> 6/12/2023<br><b>CLAIM/ POLICY#:</b> 9620278200;001;PRMBI / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Shin Imaging Center/Business Office<br/>Anaheim,CA</b>   |          |                  |        |
| Bates Numbering   | 8.00     | 0.05             | .40    |
| Pages   | 8.00     | 0.15             | 1.20   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Shipping and Handling   | 1.00     | 5.00             | 5.00   |
| Rush Handling   |          |                  | 25.00  |
| Custodial Fee   |          |                  | 62.58  |
| Regarding: Marvin Estrada at Shin Imaging Center/Business Office Anaheim  |          | <b>SUB-TOTAL</b> | 130.43 |
| Please find the attached billing records. akl   |          | <b>SALES TAX</b> | .63    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 131.06 |

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**Remittance Copy**

Bill To: Charles Strange  
Zurich Insurance Company - Master Billing Account  
P.O. Box 968020  
Schaumburg, IL 60196

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/6/2024      | 6837379-06-01 |

**TOTAL DUE: \$ 131.06**

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Order # 6837379-06-01/ABlinvRE.MDX

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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/2/2024      | 6837379-15-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Charles Strange  
Zurich Insurance Company - Master Billing Account  
P.O. Box 968020  
Schaumburg, IL 60196

Ship To: David M. Samuels, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Marvin Estrada                      | <b>FIRMS NUMBER:</b> 50012.9847               |
| <b>CASE TITLE:</b> Marvin Estrada / HYATT CORPORATION, HY | <b>INSURED:</b> HYATT CORPORATION             |
| <b>CASE NUMBER:</b> 37-2024-00011005-CU-PO-CTL            | <b>DATE OF LOSS:</b> 6/12/2023                |
|   | <b>CLAIM/ POLICY#:</b> 9620278200;001;PRMBI / |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT        |
|---|----------|------------|---------------|
| <b>Mahyar Okhovat MD</b><br><b>Los Angeles,CA</b><br>Fee Advance Charge - per payment<br>Custodial Fee  | 1.00     | 2.25       | 2.25<br>15.00 |
| Regarding: Marvin Estrada at Mahyar Okhovat MD Los Angeles  |          | SUB-TOTAL  | 17.25         |
| Please note, this facility required an additional fee. akl  |          | SALES TAX  | .00           |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 17.25         |

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Bill To: Charles Strange  
Zurich Insurance Company - Master Billing Account  
P.O. Box 968020  
Schaumburg, IL 60196

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/2/2024      | 6837379-15-01 |

**TOTAL DUE: \$ 17.25**

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# Invoice

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/8/2024      | 6838558-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Rita R. Kanno  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Rita Kanno  
Lewis Brisbois Bisgaard & Smith LLP  
550 West C Street, Suite 1700,  
San Diego, CA 92101

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Marilyn Sandra Sands<br><b>CASE TITLE:</b> Marilyn Sands / La Brea Rehabilitation<br><b>CASE NUMBER:</b> 21STCV35768 | <b>FIRMS NUMBER:</b> 50127-561<br><b>INSURED:</b> La Brea Rehabilitation Center<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 1114387 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Los Robles Hospital and Medical Center/Billing<br/>Thousand Oaks,CA</b>  |          |                  |        |
| Bates Numbering   | 17.00    | 0.05             | .85    |
| Pages   | 17.00    | 0.15             | 2.55   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Witness Fee   |          |                  | 15.00  |
| Custodial Fee   |          |                  | 95.00  |
| Regarding: Marilyn Sandra Sands at Los Robles Hospital and Medical Center/Billing Thousand Oaks   |          | <b>SUB-TOTAL</b> | 151.90 |
| Please find the attached billing records. ala   |          | <b>SALES TAX</b> | .26    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 152.16 |

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Bill To: Rita R. Kanno  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/8/2024      | 6838558-02-01 |

**TOTAL DUE: \$ 152.16**

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Order # 6838558-02-01/ABInvRE.MDX



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| 861629      | 8/14/2024     | 6838642-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Devera L Petak  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Devera Petak, Esq.  
Lewis, Brisbois, Bisgaard & Smith LLP  
2185 N. California Blvd., Suite 300,  
Walnut Creek, CA 94596

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Cesar Elias Martinez Soto           | <b>FIRMS NUMBER:</b> 36103.720                |
| <b>CASE TITLE:</b> CESAR ELIAS MARTINEZ SOTO / FORDE MAZZ | <b>INSURED:</b> FORD MAZZOLA ASSOCIATES, INC. |
| <b>CASE NUMBER:</b> 20-CIV-04603                          | <b>DATE OF LOSS:</b>                          |
|   | <b>CLAIM/ POLICY#:</b> /                      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| O'Reilly Auto Parts<br>Springfield,MO   |          |            |        |
| Rush Handling   |          |            | 25.00  |
| Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Cesar Elias Martinez Soto at O'Reilly Auto Parts Springfield   |          | SUB-TOTAL  | 59.00  |
| Closed - Records Offsite - Please see attached status letter. ebg   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 59.00  |

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Bill To: Devera L Petak  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/14/2024     | 6838642-01-01 |

**TOTAL DUE: \$ 59.00**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/6/2024      | 6839647-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Spencer Kelly  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Spencer H. Kelly, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Richard James McDougall<br><b>CASE TITLE:</b> Richard James McDougall / Lyft, Inc.,<br><b>CASE NUMBER:</b> CGC-21-596766 | <b>FIRMS NUMBER:</b> 37586-3396<br><b>INSURED:</b> Lyft, Inc.<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                         |
|---|----------|------------|--------------------------------|
| <b>WeatherTech Raceway Laguna Seca Salinas,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Richard James McDougall at WeatherTech Raceway Laguna Seca Salinas   |          | SUB-TOTAL  | 56.25                          |
| Please find the attached affidavit of no records. akl   |          | SALES TAX  | .43                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.         |          | TOTAL DUE  | 56.68                          |

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Bill To: Spencer Kelly  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/6/2024      | 6839647-01-01 |

**TOTAL DUE: \$ 56.68**

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2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

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Order # 6839647-01-01/ABlinvRE.MDX

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| 861629      | 8/7/2024      | 6839651-09-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Allison N. Stewart  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |  |
|---|--|
| <b>PERTAINING TO:</b> August Lincoln Profumo<br><b>CASE TITLE:</b> DENISE PROFUMO, individually and as th<br><b>CASE NUMBER:</b> 23-CIV-02266 | <b>FIRMS NUMBER:</b> 28310-1865<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                         |
|--|----------|------------|--------------------------------|
| <b>Kindred Hospital/Radiology<br/>La Mirada,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Films<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: August Lincoln Profumo at Kindred Hospital/Radiology La Mirada  |          | SUB-TOTAL  | 56.25                          |
| Please find the attached affidavit of no X-rays. ala   |          | SALES TAX  | .43                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.        |          | TOTAL DUE  | 56.68                          |

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Bill To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/7/2024      | 6839651-09-01 |

**TOTAL DUE: \$ 56.68**

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| 861629      | 8/9/2024      | 6839972-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Rosana Sathia Moeandi AKA Rosa<br><b>CASE TITLE:</b> Rosana Sathia Moeandi / NPL Constructi<br><b>CASE NUMBER:</b> 24NWCV00221 | <b>FIRMS NUMBER:</b> 26188.3015<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 3/18/2022<br><b>CLAIM/ POLICY#:</b> / |
|--|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                         |
|---|----------|------------------|--------------------------------|
| <b>United Medical Imaging of Central Long Beach<br/>Long Beach,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25             | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Rosana Sathia Moeandi AKA Rosana Moeandi AKA Roxana Sathia Moeandi AKA Roxana Moeandi at United Medical Imaging of Central Long Beach Long Beach                 |          | <b>SUB-TOTAL</b> | 56.25                          |
| Please find the attached affidavit of no records. ebg   |          | <b>SALES TAX</b> | .48                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                             |          | <b>TOTAL DUE</b> | 56.73                          |

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Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629      | 8/9/2024      | 6839972-01-01 |

**TOTAL DUE: \$ 56.73**

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/1/2024      | 6839972-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Dustin Woods  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Dustin E. Woods  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Rosana Sathia Moeandi AKA Rosa      | <b>FIRMS NUMBER:</b> 26188.3015 |
| <b>CASE TITLE:</b> Rosana Sathia Moeandi / NPL Constructi | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 24NWCV00221                           | <b>DATE OF LOSS:</b> 3/18/2022  |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>United Medical Imaging of Central Long Beach/Radiology Long Beach,CA</b>   |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Affidavit of No Films   |          |                  | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: Rosana Sathia Moeandi AKA Rosana Moeandi AKA Roxana Sathia Moeandi AKA Roxana Moeandi at United Medical Imaging of Central Long Beach/Radiology Long Beach |          | <b>SUB-TOTAL</b> | 81.25  |
| Please find the attached affidavit of no X-rays. ebg  |          | <b>SALES TAX</b> | .48    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                       |          | <b>TOTAL DUE</b> | 81.73  |

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90086

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| 861629      | 8/1/2024      | 6839972-02-01 |

**TOTAL DUE: \$ 81.73**

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| 861629      | 8/8/2024      | 6841015-06-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Christopher Nevis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Leila M. Mohseni  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Integrated Neurology &amp; Pain Management Vallejo,CA</b>  |          |                  |        |
| Bates Numbering   | 10.00    | 0.05             | .50    |
| Pages   | 10.00    | 0.15             | 1.50   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Beverly Walton at Integrated Neurology & Pain Management Vallejo   |          | <b>SUB-TOTAL</b> | 53.25  |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | .17    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 53.42  |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

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| 861629      | 8/8/2024      | 6841015-06-01 |

**TOTAL DUE: \$ 53.42**

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# Invoice

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| 861629      | 8/15/2024     | 6841015-14-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Christopher Nevis  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Leila M. Mohseni  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Medtrack Diagnostics<br/>Henderson,NV</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Bates Numbering   | 48.00    | 0.05             | 2.40   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 48.00    | 0.15             | 7.20   |
| Custodial Fee   |          |                  | 38.80  |
| Regarding: Beverly Walton at Medtrack Diagnostics Henderson   |          | <b>SUB-TOTAL</b> | 84.65  |
| Please find the attached Medical and Billing Records! There are no X-rays. ala  |          | <b>SALES TAX</b> | .83    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 85.48  |

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| 861629      | 8/15/2024     | 6841015-14-01 |

**TOTAL DUE: \$ 85.48**

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San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                         |
|---|----------|------------|--------------------------------|
| <b>Diablo Neurosurgical Medical Group<br/>Walnut Creek,CA</b><br><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Beverly Walton at Diablo Neurosurgical Medical Group Walnut Creek  |          | SUB-TOTAL  | 56.25                          |
| Please find the attached affidavit of no records. akl   |          | SALES TAX  | .43                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                         |          | TOTAL DUE  | 56.68                          |

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**TOTAL DUE: \$ 56.68**

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| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                         |
|---|----------|------------------|--------------------------------|
| <b>Diablo Neurosurgical Medical Group/Radiology<br/>Walnut Creek,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Films<br>Basic Fee - Subpoena<br>Witness Fee | 1.00     | 2.25             | 2.25<br>5.00<br>34.00<br>15.00 |
| Regarding: Beverly Walton at Diablo Neurosurgical Medical Group/Radiology Walnut Creek  |          | <b>SUB-TOTAL</b> | 56.25                          |
| Please find the attached affidavit of no X-rays. akl  |          | <b>SALES TAX</b> | .43                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                             |          | <b>TOTAL DUE</b> | 56.68                          |

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San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Redwood Surgery Center<br/>Castro Valley,CA</b>  |          |                  |        |
| Bates Numbering   | 32.00    | 0.05             | 1.60   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 32.00    | 0.15             | 4.80   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Beverly Walton at Redwood Surgery Center Castro Valley   |          | <b>SUB-TOTAL</b> | 57.65  |
| Please find the attached Medical and Billing Records! There are no X-rays. rs   |          | <b>SALES TAX</b> | .55    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 58.20  |

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**TOTAL DUE: \$ 58.20**

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San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Beverly Walton<br><b>CASE TITLE:</b> Beverly Walton / PV Holding Corp., et<br><b>CASE NUMBER:</b> 23CV045773 | <b>FIRMS NUMBER:</b> 50023-619<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>River Bay Neuropsychology<br/>Carmel-By-The-Sea,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena            | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Beverly Walton at River Bay Neuropsychology Carmel-By-The-Sea  |          | SUB-TOTAL  | 51.25                  |
| Please find the attached status letter. rs  |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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**TOTAL DUE: \$ 51.25**

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| 861629      | 8/14/2024     | 6841652-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Eric Bradley  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Connie Placencia  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Sandra Breceda<br><b>CASE TITLE:</b> Sandra Breceda / Sofi Stadium, et al.<br><b>CASE NUMBER:</b> 23TRCV03348 | <b>FIRMS NUMBER:</b> 52153.30<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 10/16/2022<br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Alexis Dixon, MD<br/>Marina Del Rey, CA</b>  |          |                  |        |
| Bates Numbering   | 22.00    | 0.05             | 1.10   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 22.00    | 0.15             | 3.30   |
| Shipping and Handling   | 1.00     | 7.00             | 7.00   |
| Witness Fee   |          |                  | 15.00  |
| Regarding: Sandra Breceda at Alexis Dixon, MD Marina Del Rey  |          | <b>SUB-TOTAL</b> | 62.65  |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | 1.08   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 63.73  |

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| 861629      | 8/13/2024     | 6843139-01-01 |

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Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Edge Physical Therapy<br/>Napa,CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph F. Harbison III at Edge Physical Therapy Napa</b>  |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Per your office, this order has been cancelled. ebg</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>51.25</b> |

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San Francisco, CA 94105

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| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                 |
|---|----------|------------------|------------------------|
| <b>Napa Valley Personalized Healthcare</b><br><b>Napa,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena         | 1.00     | 2.25             | 2.25<br>15.00<br>34.00 |
| Regarding: Joseph F. Harbison III at Napa Valley Personalized Healthcare Napa   |          | <b>SUB-TOTAL</b> | 51.25                  |
| Per your office, this order has been cancelled. ebg   |          | <b>SALES TAX</b> | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25                  |

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| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Napa Valley Personalized Healthcare/Business Office Napa,CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph F. Harbison III at Napa Valley Personalized Healthcare/Business Office Napa</b>  |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Per your office, this order has been cancelled. ala</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
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| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>MRK Medical Consultants<br/>Gold River,CA</b>  |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph F. Harbison III at MRK Medical Consultants Gold River</b>  |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Per your office, this order has been cancelled. ebg</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>51.25</b> |

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Bill To: Leila Mohseni  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629      | 8/13/2024     | 6843139-04-01 |

**TOTAL DUE: \$ 51.25**

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Order # 6843139-04-01/ABlinvRE.MDX

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| 861629      | 8/14/2024     | 6843139-05-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Leila Mohseni  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Providence Saint Joseph Hospital of Orange/HIM Release of Information Orange,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Joseph F. Harbison III at Providence Saint Joseph Hospital of Orange/HIM Release of Information Orange                               |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this order has been cancelled. ebg   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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| 861629      | 8/14/2024     | 6843139-05-01 |

**TOTAL DUE: \$ 51.25**

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|-------------|---------------|---------------|
| 861629      | 8/14/2024     | 6843139-06-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Providence Health and Services/Billing<br/>Portland,OR</b>   |          |                  |              |
| Custodial Fee   |          |                  | 10.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph F. Harbison III at Providence Health and Services/Billing Portland</b>   |          | <b>SUB-TOTAL</b> | <b>44.00</b> |
| <b>Per your office, this order has been cancelled. Please note, fees advanced prior to case canceling. ebg</b>                                  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>44.00</b> |

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| 861629      | 8/14/2024     | 6843139-06-01 |

**TOTAL DUE: \$ 44.00**

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| 861629      | 8/14/2024     | 6843139-07-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Providence Saint Joseph Hospital of Orange/Radiology Orange,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Witness Fee   |          |                  | 15.00        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Joseph F. Harbison III at Providence Saint Joseph Hospital of Orange/Radiology Orange</b>   |          | <b>SUB-TOTAL</b> | <b>51.25</b> |
| <b>Per your office, this order has been cancelled. akl</b>  |          | <b>SALES TAX</b> | <b>.00</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>51.25</b> |

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| 861629      | 8/13/2024     | 6843139-08-01 |

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P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT                 |
|---|----------|------------------|------------------------|
| <b>Napa Valley Orthopaedic Medical Group/Medical Napa,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena         | 1.00     | 2.25             | 2.25<br>25.00<br>34.00 |
| Regarding: Joseph F. Harbison III at Napa Valley Orthopaedic Medical Group/Medical Napa   |          | <b>SUB-TOTAL</b> | 61.25                  |
| Per your office, this order has been cancelled. ala   |          | <b>SALES TAX</b> | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 61.25                  |

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**TOTAL DUE: \$ 61.25**

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Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Napa Valley Orthopaedic Medical Group/Billing Napa,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 25.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Joseph F. Harbison III at Napa Valley Orthopaedic Medical Group/Billing Napa   |          | <b>SUB-TOTAL</b> | 61.25  |
| Per your office, this order has been cancelled. ala   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 61.25  |

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| 861629      | 8/13/2024     | 6843139-09-01 |

**TOTAL DUE: \$ 61.25**

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Kevin Davis  
Lewis Brisbois Bisgaard & Smith LLP  
45 Fremont Street, Suite 3000,  
San Francisco, CA 94105

|   |                                |
|---|--------------------------------|
| <b>PERTAINING TO:</b> Joseph F. Harbison III              | <b>FIRMS NUMBER:</b> 50023-632 |
| <b>CASE TITLE:</b> JOSEPH HARBISON, / BUDGET RENT A CAR S | <b>INSURED:</b>                |
| <b>CASE NUMBER:</b> 23CV001595                            | <b>DATE OF LOSS:</b>           |
|   | <b>CLAIM/ POLICY#:</b> /       |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Napa Valley Orthopaedic Medical Group/Radiology<br/>Napa,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Witness Fee   |          |                  | 15.00  |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Joseph F. Harbison III at Napa Valley Orthopaedic Medical Group/Radiology Napa   |          | <b>SUB-TOTAL</b> | 51.25  |
| Per your office, this order has been cancelled. ebg   |          | <b>SALES TAX</b> | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 51.25  |

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| 861629      | 8/13/2024     | 6843139-10-01 |

**TOTAL DUE: \$ 51.25**

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| 861629TX    | 8/1/2024      | 6779956-09-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Nichol L. Bunn  
Lewis Brisbois Bisgaard & Smith LLP  
2100 Ross Avenue, Suite 2000,  
Dallas, TX 75201

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Ruby Roberts                        | <b>FIRMS NUMBER:</b> 50031.2473 |
| <b>CASE TITLE:</b> TAMMY M. WITT, INDIVIDUALLY AND ON BEH | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 342-348074-23                         | <b>DATE OF LOSS:</b> 7/9/2023   |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT   |
|---|----------|------------|----------|
| <b>Texas Health Huguley Hospital Fort Worth South/Medical Burleson, TX</b>  |          |            |          |
| Certificate Efiled to Court Rule 203  |          |            | 11.00    |
| Basic Fee - Subpoena  |          |            | 34.00    |
| Bates Numbering   | 1,826.00 | 0.05       | 91.30    |
| Chronological Reorganization of Records - per 50 pages  | 36.00    | 10.00      | 360.00   |
| Document Classification- per 50 pages   | 36.00    | 10.00      | 360.00   |
| Pages - Client Copy   | 1,826.00 | 0.15       | 273.90   |
| Regarding: Ruby Roberts at Texas Health Huguley Hospital Fort Worth South/Medical Burleson  |          |            |          |
| Please find the attached Medical Records! asp   |          |            |          |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |          |
| SUB-TOTAL   |          |            | 1,130.20 |
| SALES TAX   |          |            | 89.53    |
| TOTAL DUE   |          |            | 1,219.73 |

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| 861629TX    | 8/1/2024      | 6779956-09-01 |

**TOTAL DUE: \$ 1,219.73**

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1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629TX    | 8/8/2024      | 6799949-01-01 |

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Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Nichol L. Bunn  
Lewis Brisbois Bisgaard & Smith LLP  
2100 Ross Avenue, Suite 2000,  
Dallas, TX 75201

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Felix Ezeonye<br><b>CASE TITLE:</b> Felix Ezeonye / Woodbine Community Hom<br><b>CASE NUMBER:</b> | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT   |
|---|----------|------------------|----------|
| <b>Greenbrier Nursing and Rehabilitation Center of Tyler - Medical Tyler, TX</b>  |          |                  |          |
| Basic Fee - Authorization   |          |                  | 24.00    |
| Bates Numbering   | 1,793.00 | 0.05             | 89.65    |
| Chronological Reorganization of Records - per 50 pages  | 36.00    | 10.00            | 360.00   |
| Document Classification- per 50 pages   | 36.00    | 10.00            | 360.00   |
| Pages - Client Copy   | 1,793.00 | 0.15             | 268.95   |
| Custodial Fee   |          |                  | 100.21   |
| Regarding: Felix Ezeonye at Greenbrier Nursing and Rehabilitation Center of Tyler - Medical Tyler   |          | <b>SUB-TOTAL</b> | 1,202.81 |
| Please find the attached Medical Records! hsl   |          | <b>SALES TAX</b> | 88.98    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 1,291.79 |

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|-------------|---------------|---------------|
| 861629TX    | 8/8/2024      | 6799949-01-01 |

**TOTAL DUE: \$ 1,291.79**

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| 861629TX    | 8/7/2024      | 6820992-01-01 |

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Los Angeles, CA 90086

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Lewis Brisbois Bisgaard & Smith LLP  
2100 Ross Avenue, Suite 2000,  
Dallas, TX 75201

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Ruby Roberts                        | <b>FIRMS NUMBER:</b> 50031.2473 |
| <b>CASE TITLE:</b> TAMMY M. WITT, INDIVIDUALLY AND ON BEH | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 342-348074-23                         | <b>DATE OF LOSS:</b> 7/9/2023   |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Third Eye Health - Medical Chicago,IL</b>  |          |                  |              |
| Bates Numbering   | 9.00     | 0.05             | .45          |
| Pages - Client Copy   | 9.00     | 0.15             | 1.35         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Certificate Efiled to Court Rule 203  |          |                  | 11.00        |
| Pages - Court Copy  | 9.00     | 0.15             | 1.35         |
| Shipping and Handling - Records or CD   |          | 9.50             | 15.49        |
| Regarding: Ruby Roberts at Third Eye Health - Medical Chicago   |          | <b>SUB-TOTAL</b> | <b>63.64</b> |
| Please find the attached Medical Records! ajs   |          | <b>SALES TAX</b> | <b>1.54</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>65.18</b> |

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Los Angeles, CA 90086

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Springfield, MO 65801-2970

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| 861629TX    | 8/7/2024      | 6820992-01-01 |

**TOTAL DUE: \$ 65.18**

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Order # 6820992-01-01/ABlinvRE.MDX



# Invoice

1-800-266-0613 Fax: 1-800-266-5044

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| 861629TX    | 8/6/2024      | 6820992-02-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

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Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Nichol L. Bunn  
Lewis Brisbois Bisgaard & Smith LLP  
2100 Ross Avenue, Suite 2000,  
Dallas, TX 75201

|   |                                 |
|---|---------------------------------|
| <b>PERTAINING TO:</b> Ruby Roberts                        | <b>FIRMS NUMBER:</b> 50031.2473 |
| <b>CASE TITLE:</b> TAMMY M. WITT, INDIVIDUALLY AND ON BEH | <b>INSURED:</b>                 |
| <b>CASE NUMBER:</b> 342-348074-23                         | <b>DATE OF LOSS:</b> 7/9/2023   |
|   | <b>CLAIM/ POLICY#:</b> /        |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Third Eye Health - Radiology<br/>Chicago,IL</b><br>Affidavit of No Films<br>Certificate Efiled to Court Rule 203<br>Basic Fee - Subpoena     |          |            | 5.00<br>11.00<br>34.00 |
| Regarding: Ruby Roberts at Third Eye Health - Radiology Chicago   |          | SUB-TOTAL  | 50.00                  |
| Please find the attached No Records Deposition. asp   |          | SALES TAX  | .41                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 50.41                  |

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629TX    | 8/6/2024      | 6820992-02-01 |

**TOTAL DUE: \$ 50.41**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| 861629TX    | 8/2/2024      | 6826893-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Nidia Hernandez  
Lewis Brisbois Bisgaard & Smith LLP  
P.O. Box 86367  
Los Angeles, CA 90086

Ship To: Nidia Hernandez  
Lewis Brisbois Bisgaard & Smith LLP  
2100 Ross Avenue, Suite 2000,  
Dallas, TX 75201

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Chad Whisenant<br><b>CASE TITLE:</b> Chad Whisenant / Covenant Health Syste<br><b>CASE NUMBER:</b> | <b>FIRMS NUMBER:</b><br><b>INSURED:</b> Covenant Health System dba Covenant Medical Center<br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> 23-2125732 / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Family First Health Care<br/>Lubbock, TX</b>   |          |                  |              |
| Bates Numbering   | 117.00   | 0.05             | 5.85         |
| Pages - Client Copy   | 117.00   | 0.15             | 17.55        |
| Basic Fee - Authorization   |          |                  | 24.00        |
| Chronological Reorganization of Records - per 50 pages  | 2.00     | 10.00            | 20.00        |
| Document Classification- per 50 pages   | 2.00     | 10.00            | 20.00        |
| Regarding: Chad Whisenant at Family First Health Care Lubbock   |          | <b>SUB-TOTAL</b> | <b>87.40</b> |
| Please find the attached Medical Records! asp   |          | <b>SALES TAX</b> | <b>5.23</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>92.63</b> |

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| 861629TX    | 8/2/2024      | 6826893-01-01 |

**TOTAL DUE: \$ 92.63**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| MCCR55030   | 8/15/2024     | 6799852-04-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Alishba Malek  
Lewis Brisbois Bisgaard & Smith LLP  
550 West Adams Street, Suite 300  
Chicago, IL 60661

Ship To: Alishba Malek  
Lewis Brisbois Bisgaard & Smith LLP  
550 West Adams Street, Suite 300,  
Chicago, IL 60661

|  |  |
|--|--|
| <b>PERTAINING TO:</b> Sadie Adams                        | <b>FIRMS NUMBER:</b> 29512-86  |
| <b>CASE TITLE:</b> Sheri Smith, as Power of Attorney for | <b>INSURED:</b> Mercy Rehab & Care Center, Inc. d/b/a Mercy Rehab & Care C |
| <b>CASE NUMBER:</b> 2023 LA 844                          | <b>DATE OF LOSS:</b>   |
|  | <b>CLAIM/ POLICY#:</b> F4YBLH /  |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>HSHS St. Elizabeth's Hospital<br/>O'Fallon,IL</b>  |          |                  |        |
| Subpoena Preparation  |          |                  | 8.00   |
| Shipping and Handling   |          | 11.50            | 13.50  |
| Basic Fee - Civil Subpoena  |          |                  | 44.00  |
| Regarding: Sadie Adams at HSHS St. Elizabeth's Hospital O'Fallon  |          | <b>SUB-TOTAL</b> | 65.50  |
| Per your office, this order has been cancelled. ajs   |          | <b>SALES TAX</b> | .98    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 66.48  |

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| MCCR55030   | 8/15/2024     | 6799852-04-01 |

**TOTAL DUE: \$ 66.48**

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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| PDL1805     | 8/2/2024      | 6761139-17-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Steven Dabrowski, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

Ship To: Steven Dabrowski, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                            |
|---|----------------------------|
| <b>PERTAINING TO:</b> Jessica Angela Solis                | <b>FIRMS NUMBER:</b> 2-912 |
| <b>CASE TITLE:</b> Jessica Angela Solis / THE RAYMOND COR | <b>INSURED:</b>            |
| <b>CASE NUMBER:</b> 23NWCV01652                           | <b>DATE OF LOSS:</b>       |
|   | <b>CLAIM/ POLICY#:</b> /   |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Clutter Logistics<br/>Fontana,CA</b>   |          |                  |              |
| Bates Numbering   | 163.00   | 0.05             | 8.15         |
| Pages   | 163.00   | 0.15             | 24.45        |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| <b>Regarding: Jessica Angela Solis at Clutter Logistics Fontana</b>   |          | <b>SUB-TOTAL</b> | <b>66.60</b> |
|   |          | <b>SALES TAX</b> | <b>3.10</b>  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>69.70</b> |

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|-------------|---------------|---------------|
| PDL1805     | 8/2/2024      | 6761139-17-01 |

**TOTAL DUE: \$ 69.70**

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Order # 6761139-17-01/ABInvRE.MDX





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| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
|-------------|---------------|---------------|
| PDL1805     | 8/14/2024     | 6773867-65-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: V. Alan Arshansky, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

Ship To: V. Alan Arshansky, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                            |
|---|----------------------------|
| <b>PERTAINING TO:</b> Jason Matthew Connell               | <b>FIRMS NUMBER:</b> 32-69 |
| <b>CASE TITLE:</b> JASON M. CONNELL / BNSF RAILWAY COMPAN | <b>INSURED:</b>            |
| <b>CASE NUMBER:</b> CIVSB2227303                          | <b>DATE OF LOSS:</b>       |
|   | <b>CLAIM/ POLICY#:</b> /   |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Barrow Neurosurgical Associates, Ltd.</b><br><b>Phoenix,AZ</b><br>Basic Fee - Subpoena   |          |            | 34.00  |
| Regarding: Jason Matthew Connell at Barrow Neurosurgical Associates, Ltd. Phoenix   |          | SUB-TOTAL  | 34.00  |
| Please find the attached status letter. rs  |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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Los Angeles, CA 90071

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| PDL1805     | 8/14/2024     | 6773867-65-01 |

**TOTAL DUE: \$ 34.00**

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Order # 6773867-65-01/ABlinvRE.MDX

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| PDL1805     | 8/6/2024      | 6782895-07-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Anthony Sonnett, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

Ship To: Anthony Sonnett, Esquire  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Jason Johns<br><b>CASE TITLE:</b> James Johns / Shimano North America Ho<br><b>CASE NUMBER:</b> 30-2020-01176583-CU-PL-CJC | <b>FIRMS NUMBER:</b> 36726-141<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                                  |
|---|----------|------------|---|
| <b>Rite Aid Corporation<br/>Camp Hill,PA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee<br>Rush Handling | 1.00     | 2.25       | 2.25<br>5.00<br>34.00<br>15.00<br>25.00 |
| Regarding: Jason Johns at Rite Aid Corporation Camp Hill  |          | SUB-TOTAL  | 81.25                                   |
| Please find the attached affidavit of no records. aki   |          | SALES TAX  | .48                                     |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                     |          | TOTAL DUE  | 81.73                                   |

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| PDL1805     | 8/6/2024      | 6782895-07-01 |

**TOTAL DUE: \$ 81.73**

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Terms: Net 30

Bill To: Trevor Ingold  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

Ship To: Trevor Ingold  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Dakota Michael Evans<br><b>CASE TITLE:</b> Dakota Michael Evans / State of Califo<br><b>CASE NUMBER:</b> CIVSB2319688 | <b>FIRMS NUMBER:</b> 24-26<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 12/11/2022<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                 |
|---|----------|------------|------------------------|
| <b>Arrowhead Regional Medical Center/Medical Colton,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena           | 1.00     | 2.25       | 2.25<br>15.00<br>34.00 |
| Regarding: Dakota Michael Evans at Arrowhead Regional Medical Center/Medical Colton   |          | SUB-TOTAL  | 51.25                  |
| Per your office, this order has been cancelled. ebg   |          | SALES TAX  | .00                    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 51.25                  |

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| PDL1805     | 8/14/2024     | 6789891-01-01 |

**TOTAL DUE: \$ 51.25**

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| PDL1805     | 8/2/2024      | 6789891-09-01 |

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633 W. Fifth Street, Suite 4000  
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633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> Dakota Michael Evans<br><b>CASE TITLE:</b> Dakota Michael Evans / State of Califo<br><b>CASE NUMBER:</b> CIVSB2319688 | <b>FIRMS NUMBER:</b> 24-26<br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 12/11/2022<br><b>CLAIM/ POLICY#:</b> / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>Saint Elizabeth Medical Center/Billing Edgewood, KY</b><br>Basic Fee - Subpoena  |          |            | 34.00  |
| Regarding: Dakota Michael Evans at Saint Elizabeth Medical Center/Billing Edgewood  |          | SUB-TOTAL  | 34.00  |
| Please find the attached affidavit. ebg   |          | SALES TAX  | .00    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 34.00  |

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**TOTAL DUE: \$ 34.00**

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| PDL1805     | 8/14/2024     | 6792488-05-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
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Los Angeles, CA 90071

Ship To: V. Alan Arshansky, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Jason Charles Farr<br><b>CASE TITLE:</b> Jason Farr / BNSF Railway Company<br><b>CASE NUMBER:</b> 5:23-CV-00271-SSS-KK | <b>FIRMS NUMBER:</b> 32-68<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT   |
|---|----------|------------|--|
| <b>Inland Pain Medicine/Billing<br/>Colton,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Billing<br>Basic Fee - Subpoena<br>Witness Fee<br>Custodial Fee<br>Rush Handling | 2.00     | 2.25       | 4.50<br>5.00<br>34.00<br>15.00<br>26.25<br>25.00 |
| Regarding: Jason Charles Farr at Inland Pain Medicine/Billing Colton  |          | SUB-TOTAL  | 109.75   |
| Please find the attached affidavit of no billings. ala  |          | SALES TAX  | .48  |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.   |          | TOTAL DUE  | 110.23   |

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| PDL1805     | 8/14/2024     | 6792488-05-01 |

**TOTAL DUE: \$ 110.23**

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| PDL1805     | 8/13/2024     | 6800773-47-01 |

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633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |   |
|---|---|
| <b>PERTAINING TO:</b> Gregory Lee Sears II<br><b>CASE TITLE:</b> Gregory Lee Sears II / BNSF Railway Co<br><b>CASE NUMBER:</b> CIVSB2323269 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|---|---|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Neurological &amp; Headache Disorder, LLC<br/>Kingman,AZ</b>   |          |                  |        |
| Bates Numbering   | 9.00     | 0.05             | .45    |
| Pages   | 9.00     | 0.15             | 1.35   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Regarding: Gregory Lee Sears II at Neurological & Headache Disorder, LLC Kingman  |          | <b>SUB-TOTAL</b> | 35.80  |
| Please find the attached billing records. There are no X-rays. akl  |          | <b>SALES TAX</b> | .17    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 35.97  |

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Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

| ACCOUNT NO: | INVOICE DATE: | INVOICE NO:   |
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| PDL1805     | 8/13/2024     | 6800773-47-01 |

**TOTAL DUE: \$ 35.97**

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| PDL1805     | 8/9/2024      | 6825879-08-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |                          |
|---|--------------------------|
| <b>PERTAINING TO:</b> JAVIER A. LOPEZ AKA JAVIER LOP      | <b>FIRMS NUMBER:</b>     |
| <b>CASE TITLE:</b> JAVIER A. LOPEZ / BNSF RAILWAY COMPANY | <b>INSURED:</b>          |
| <b>CASE NUMBER:</b> 30-2022-01279637-CU-PO-CJC            | <b>DATE OF LOSS:</b>     |
|   | <b>CLAIM/ POLICY#:</b> / |

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE             | AMOUNT   |
|--|----------|------------------------|--|
| <b>Rancho Outpatient Surgical Center</b><br><b>Rancho Cucamonga,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee<br>Custodial Fee<br>Rush Handling   | 2.00     | 2.25                   | 4.50<br>5.00<br>34.00<br>15.00<br>60.00<br>25.00 |
| Regarding: JAVIER A. LOPEZ AKA JAVIER LOPEZ, JR. at Rancho Outpatient Surgical Center Rancho Cucamonga<br><br>Please find the attached affidavit of no records. ebg<br><br>Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | SUB-TOTAL<br>SALES TAX | 143.50<br>.48                                    |
|  |          | <b>TOTAL DUE</b>       | <b>143.98</b>                                    |

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| PDL1805     | 8/9/2024      | 6825879-08-01 |

**TOTAL DUE: \$ 143.98**

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| PDL1805     | 8/13/2024     | 6834183-03-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Los Angeles, CA 90071

|   |                               |
|---|-------------------------------|
| <b>PERTAINING TO:</b> ZAVEN GABRIELIAN AKA Zaven Gab      | <b>FIRMS NUMBER:</b> 37590-30 |
| <b>CASE TITLE:</b> ZAVEN GABRIELIAN / FBM LOGISTICS, LLC; | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 24STCV02926                           | <b>DATE OF LOSS:</b>          |
|   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT        |
|---|----------|------------------|---------------|
| <b>Los Angeles General Medical Center/Radiology<br/>Los Angeles,CA</b>  |          |                  |               |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25          |
| Shipping and Handling   | 1.00     | 5.00             | 5.00          |
| Basic Fee - Subpoena  |          |                  | 34.00         |
| Witness Fee   |          |                  | 15.00         |
| CD Duplication  | 1.00     | 5.00             | 5.00          |
| X-Ray Breakdown   |          |                  | 24.00         |
| X-Ray Duplication per CD  |          |                  | 50.00         |
| Custodial Fee   |          |                  | 135.00        |
| Regarding: ZAVEN GABRIELIAN AKA Zaven Gabrielyan at Los Angeles General Medical Center/Radiology Los Angeles                                    |          | <b>SUB-TOTAL</b> | <b>270.25</b> |
| Please note, films were previously shipped. akl   |          | <b>SALES TAX</b> | <b>3.23</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>273.48</b> |

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| PDL1805     | 8/13/2024     | 6834183-03-01 |

**TOTAL DUE: \$ 273.48**

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| PDL1805     | 8/2/2024      | 6834183-19-01 |

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| <b>PERTAINING TO:</b> ZAVEN GABRIELIAN AKA Zaven Gab      | <b>FIRMS NUMBER:</b> 37590-30 |
| <b>CASE TITLE:</b> ZAVEN GABRIELIAN / FBM LOGISTICS, LLC; | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 24STCV02926                           | <b>DATE OF LOSS:</b>          |
|   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Altos, Inc.<br/>Irvine,CA</b>  |          |                  |        |
| Fee Advance Charge - per payment  | 2.00     | 2.25             | 4.50   |
| Affidavit of No Billing   |          |                  | 5.00   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Witness Fee   |          |                  | 25.00  |
| Custodial Fee   |          |                  | 6.00   |
| Rush Handling   |          |                  | 25.00  |
| Regarding: ZAVEN GABRIELIAN AKA Zaven Gabrielyan at Altos, Inc. Irvine  |          | <b>SUB-TOTAL</b> | 99.50  |
| Please find the attached affidavit of no billings. ebg  |          | <b>SALES TAX</b> | .48    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 99.98  |

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| <b>PERTAINING TO:</b> ZAVEN GABRIELIAN AKA Zaven Gab      | <b>FIRMS NUMBER:</b> 37590-30 |
| <b>CASE TITLE:</b> ZAVEN GABRIELIAN / FBM LOGISTICS, LLC; | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 24STCV02926                           | <b>DATE OF LOSS:</b>          |
|   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Precise Imaging/Medical<br/>Van Nuys,CA</b>  |          |                  |        |
| Bates Numbering   | 10.00    | 0.05             | .50    |
| Pages   | 10.00    | 0.15             | 1.50   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Custodial Fee   |          |                  | 61.00  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: ZAVEN GABRIELIAN AKA Zaven Gabrielyan at Precise Imaging/Medical Van Nuys  |          | <b>SUB-TOTAL</b> | 124.25 |
| Please find the attached Medical Records! rs  |          | <b>SALES TAX</b> | .19    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 124.44 |

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**TOTAL DUE: \$ 124.44**

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| <b>PERTAINING TO:</b> ZAVEN GABRIELIAN AKA Zaven Gab      | <b>FIRMS NUMBER:</b> 37590-30 |
| <b>CASE TITLE:</b> ZAVEN GABRIELIAN / FBM LOGISTICS, LLC; | <b>INSURED:</b>               |
| <b>CASE NUMBER:</b> 24STCV02926                           | <b>DATE OF LOSS:</b>          |
|   | <b>CLAIM/ POLICY#:</b> /      |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Precise Imaging/Billing<br/>Van Nuys,CA</b>  |          |                  |        |
| Bates Numbering   | 2.00     | 0.05             | .10    |
| Pages   | 2.00     | 0.15             | .30    |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Custodial Fee   |          |                  | 60.30  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: ZAVEN GABRIELIAN AKA Zaven Gabrielyan at Precise Imaging/Billing Van Nuys  |          | <b>SUB-TOTAL</b> | 121.95 |
| Please find the attached billing records. rs  |          | <b>SALES TAX</b> | .04    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 121.99 |

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**TOTAL DUE: \$ 121.99**

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| PDL1805     | 8/2/2024      | 6836982-01-01 |

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|   |   |
|---|---|
| <b>PERTAINING TO:</b> DAVID RODRIGUEZ                     | <b>FIRMS NUMBER:</b> 2-911                        |
| <b>CASE TITLE:</b> DAVID RODRIGUEZ and ALEATA RODRIGUEZ / | <b>INSURED:</b> RAYMOND CORPORATION, RAYMOND WEST |
| <b>CASE NUMBER:</b> 23CV003216                            | <b>DATE OF LOSS:</b>                              |
|   | <b>CLAIM/ POLICY#:</b> /                          |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT       |
|---|----------|------------------|--------------|
| <b>Iron Workers Local 118 Main Office<br/>Sacramento,CA</b>   |          |                  |              |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25         |
| Affidavit of No Records   |          |                  | 5.00         |
| Basic Fee - Subpoena  |          |                  | 34.00        |
| Witness Fee   |          |                  | 15.00        |
| Regarding: DAVID RODRIGUEZ at Iron Workers Local 118 Main Office Sacramento   |          | <b>SUB-TOTAL</b> | <b>56.25</b> |
| Please find the attached affidavit of no records. rs  |          | <b>SALES TAX</b> | <b>.48</b>   |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | <b>56.73</b> |

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**TOTAL DUE: \$ 56.73**

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| PDL1805     | 8/15/2024     | 6837740-17-01 |

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|  |   |
|--|---|
| <b>PERTAINING TO:</b> Jason Farr<br><b>CASE TITLE:</b> Jason Farr / BNSF Railway Company<br><b>CASE NUMBER:</b> 5:23-cv-00271-SSS-KK | <b>FIRMS NUMBER:</b> 32-68<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE | AMOUNT                          |
|--|----------|------------|---------------------------------|
| <b>Delta Dental Insurance Company<br/>San Francisco,CA</b><br>Fee Advance Charge - per payment<br>Witness Fee<br>Basic Fee - Subpoena<br>Rush Handling | 1.00     | 2.25       | 2.25<br>15.00<br>34.00<br>25.00 |
| Regarding: Jason Farr at Delta Dental Insurance Company San Francisco  |          | SUB-TOTAL  | 76.25                           |
| Please find the attached affidavit of no records. ala  |          | SALES TAX  | .00                             |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.        |          | TOTAL DUE  | 76.25                           |

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| PDL1805     | 8/15/2024     | 6837740-17-01 |

**TOTAL DUE: \$ 76.25**

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| <b>PERTAINING TO:</b> Jason Farr                     | <b>FIRMS NUMBER:</b> 32-68 |
| <b>CASE TITLE:</b> Jason Farr / BNSF Railway Company | <b>INSURED:</b>            |
| <b>CASE NUMBER:</b> 5:23-cv-00271-SSS-KK             | <b>DATE OF LOSS:</b>       |
|  | <b>CLAIM/ POLICY#:</b> /   |

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE       | AMOUNT |
|---|----------|------------------|--------|
| <b>Life Long Medical Center<br/>Richmond,CA</b>   |          |                  |        |
| Bates Numbering   | 26.00    | 0.05             | 1.30   |
| Fee Advance Charge - per payment  | 1.00     | 2.25             | 2.25   |
| Basic Fee - Subpoena  |          |                  | 34.00  |
| Pages   | 26.00    | 0.15             | 3.90   |
| Witness Fee   |          |                  | 15.00  |
| Rush Handling   |          |                  | 25.00  |
| Regarding: Jason Farr at Life Long Medical Center Richmond  |          | <b>SUB-TOTAL</b> | 81.45  |
| Please find the attached Medical Records! ebg   |          | <b>SALES TAX</b> | .49    |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | <b>TOTAL DUE</b> | 81.94  |

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**TOTAL DUE: \$ 81.94**

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Ship To: V. Alan Arshansky, Esq.  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|  |   |
|--|---|
| <b>PERTAINING TO:</b> Jason Farr<br><b>CASE TITLE:</b> Jason Farr / BNSF Railway Company<br><b>CASE NUMBER:</b> 5:23-cv-00271-SSS-KK | <b>FIRMS NUMBER:</b> 32-68<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / |
|--|---|

| DESCRIPTION OF SERVICES RENDERED   | QUANTITY | UNIT PRICE       | AMOUNT                                  |
|--|----------|------------------|---|
| <b>Medicross Clinic &amp; Urgent Care<br/>Corona,CA</b><br>Fee Advance Charge - per payment<br>Affidavit of No Records<br>Basic Fee - Subpoena<br>Witness Fee<br>Rush Handling | 1.00     | 2.25             | 2.25<br>5.00<br>34.00<br>15.00<br>25.00 |
| Regarding: Jason Farr at Medicross Clinic & Urgent Care Corona   |          | <b>SUB-TOTAL</b> | 81.25                                   |
| Please find the attached affidavit of no records. akl  |          | <b>SALES TAX</b> | .48                                     |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.                                |          | <b>TOTAL DUE</b> | 81.73                                   |

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Los Angeles, CA 90071

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| PDL1805     | 8/15/2024     | 6837740-32-01 |

**TOTAL DUE: \$ 81.73**

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| TI1805      | 8/8/2024      | 6841900-01-01 |

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Net 30

Bill To: Erick Heilmann  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000  
Los Angeles, CA 90071

Ship To: Frank Cannizzaro  
Lewis Brisbois Bisgaard & Smith LLP  
633 W. Fifth Street, Suite 4000,  
Los Angeles, CA 90071

|   |  |
|---|--|
| <b>PERTAINING TO:</b> John Fitch<br><b>CASE TITLE:</b> JOHN FITCH / ALDI, INC.<br><b>CASE NUMBER:</b> ADJ18448689 | <b>FIRMS NUMBER:</b><br><b>INSURED:</b><br><b>DATE OF LOSS:</b> 9/7/2021<br><b>CLAIM/ POLICY#:</b> F2D8807 / |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT                         |
|---|----------|------------|--------------------------------|
| <b>Beaver Medical Group/Medical Redlands,CA</b><br>Subpoena Service Charge<br>Rush Charge/WC<br>Basic Service Charge - WC<br>Witness Fee        | 1.00     | 4.00       | 4.00<br>5.00<br>37.00<br>15.00 |
| Regarding: John Fitch at Beaver Medical Group/Medical Redlands  |          | SUB-TOTAL  | 61.00                          |
| Please find the attached affidavit of no records. ebg   |          | SALES TAX  | .00                            |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          | TOTAL DUE  | 61.00                          |

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| TI1805      | 8/8/2024      | 6841900-01-01 |

**TOTAL DUE: \$ 61.00**

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| TI772100    | 8/15/2024     | 6780449-06-01 |

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Lewis Brisbois Bisgaard & Smith LLP  
77 Water Street, 21st Floor  
New York, NY 10005

Ship To: Marina Font  
Lewis Brisbois Bisgaard & Smith LLP  
77 Water Street, 21st Floor,  
New York, NY 10005

|   |  |
|---|--|
| <b>PERTAINING TO:</b> William Olson, Jr.<br><b>CASE TITLE:</b> William Olson, Jr. / Coca-Cola North A<br><b>CASE NUMBER:</b> EF2023-136 | <b>FIRMS NUMBER:</b> 50027.6315<br><b>INSURED:</b><br><b>DATE OF LOSS:</b><br><b>CLAIM/ POLICY#:</b> / FYW0801 |
|---|--|

| DESCRIPTION OF SERVICES RENDERED  | QUANTITY | UNIT PRICE | AMOUNT |
|---|----------|------------|--------|
| <b>APS Orthopedics Fishkill<br/>Fishkill,NY</b><br>Basic Service Charge   |          |            | 37.00  |
| Regarding: William Olson, Jr. at APS Orthopedics Fishkill Fishkill  |          |            |        |
| Please find the attached status letter. cob   |          |            |        |
| Thank you for choosing ABI Document Support Services!<br>For billing inquiries, please contact our Client Service Department at 1-800-266-0613. |          |            |        |
|   |          | SUB-TOTAL  | 37.00  |
|   |          | SALES TAX  | .00    |
|   |          | TOTAL DUE  | 37.00  |

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|                   |                 |
|-------------------|-----------------|
| <b>TOTAL DUE:</b> | <b>\$ 37.00</b> |
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