Holding Tank Invoice - CONTINENTAL LIFE INS CO OF BRENTWOOD TENNESSEE

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
CONT	200812190460	AR	APPOINTMENT pamela	HAMILTON	JOHN	$20.00
CONT	200812190497	AR	APPOINTMENT pamela	JONES	JOSEPH	$20.00
CONT	200812190550	AR	APPOINTMENT pamela	WILLIAMS	MARILYN	$20.00
					Total for state of AR	$60.00
CONT	200812190576	FL	APPT pamela	CARO	ELICIANA	$60.00
CONT	200812190538	FL	APPT pamela	MANSMANN	JOHN	$60.00
CONT	200812190092	FL	APPT pamela	SAMEDY	RONALD	$60.00
					Total for state of FL	$180.00
CONT	200812190462	LA	APPT pamela	HAMILTON	JOHN	$20.00
CONT	200812190507	LA	APPT pamela	JONES	JOSEPH	$20.00
					Total for state of LA	$40.00
CONT	200812190514	SD	APPOINTMENT pamela	MODEN	SHELLY	$10.00
					Total for state of SD	$10.00
CONT	200812190408	TX	APPOINTMENT pamela	BERRY	DALE	$10.00
CONT	200812190524	TX	APPOINTMENT pamela	KING	DEBORAH	$10.00
CONT	200812180713	TX	APPOINTMENT pamela	ALLDRIDGE	CODY	$10.00
					Total for state of TX	$30.00
					Transaction Grand Total:	$320.00
					Pre-Pay Service Charge (9% of Total):	$28.80
					Net Total Amount Due:	$348.80

The above listed transactions for Holding Tank states, as indicated, have been paid on your behalf.

INVOICE NUMBER: **200806912**

Systeme's FEIN Number: 20-0811771

DUE UPON RECEIPT - These funds have already been paid on your behalf. Please help us by responding promptly to this invoice.

RETAIN THIS INVOICE FOR YOUR RECORDS. PLEASE ONLY RETURN THE INVOICE MAILER ON THE NEXT PAGE.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Make check payable to *SYSTEME SOFTWARE, INC.*, and mail to:

Systeme Software, Inc
ATTN: Billing Department
PO Box 586
Boyertown, PA 19512

Amount Enclosed: _____

INVOICE NUMBER: **200806912**   INVOICE DATE: **12/22/2008**
CLIENT: **CONTINENTAL LIFE INS CO OF BRENTWOOD TENNESSEE**   (CONT)
TOTAL DUE: **$348.80**

Amount Enclosed: **$_____**

Payment Method: _____ Check   _____ Visa   _____ MasterCard

_____ American Express   _____ Discover

Card #: _____   Exp Date: _____ / _____

Name on Card: _____

Billing Zip Code: _____ Required for credit card validation

Signature: _____ (required)

_____ One-Time Payment Authorization
    I hereby authorize Systeme Software Inc to charge the balance of this invoice
    only to the credit card number indicated.

_____ Auto-Payment Authorization
    I hereby authorize Systeme Software Inc to charge the balance of my account on
    a monthly basis to the credit card number indicated.

_____ Email Notification Request
    I would like to receive an email notification when my credit card has been
    charged.

FOR OFFICE USE ONLY: Date Received: ____/____/____   Inv Date: 12/22/2008

        Processed By: _____

Check Number: _____

Thank you for your business and for your prompt attention to this matter.