

Holding Tank Invoice - PRE PAID LEGAL CASUALTY, INC.

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
PREPAID	200812190246	AL	APPOINTMENT milisie	DORTCH	EVA	\$30.00
PREPAID	200812170296	AL	APPOINTMENT milisie	ROBINSON	REGINALD	\$30.00
PREPAID	200812190240	AL	APPOINTMENT milisie	WASHINGTON	LEE	\$30.00
Total for state of AL						\$90.00
PREPAID	200812190253	AR	APPOINTMENT milisie	WAY	MAURICE	\$17.00
PREPAID	200812190262	AR	APPOINTMENT milisie	STEPHENS	AMANDA	\$17.00
PREPAID	200812190281	AR	APPOINTMENT milisie	TOWNSON	MONTY	\$17.00
PREPAID	200812190286	AR	APPOINTMENT milisie	LEMAY	GREGORY	\$17.00
PREPAID	200812190269	AR	APPOINTMENT milisie	STAIR	VICKIE	\$17.00
PREPAID	200812190275	AR	APPOINTMENT milisie	GILBERT	MELESSA	\$17.00
PREPAID	200812190296	AR	APPOINTMENT milisie	FREEMAN	STEVE	\$17.00
PREPAID	200812190298	AR	APPOINTMENT milisie	HAMPTON	MARZELL	\$17.00
PREPAID	200812190299	AR	APPOINTMENT milisie	BURNETT	VIRGINIA	\$60.00
PREPAID	200812190291	AR	APPOINTMENT milisie	OAKES	MARY	\$17.00
PREPAID	200812190295	AR	APPOINTMENT milisie	OAKES	SAMUEL	\$17.00
Total for state of AR						\$230.00
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: **200806915**

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: **200806915** INVOICE DATE: **12/22/2008**
CLIENT: **PRE PAID LEGAL CASUALTY, INC.** (PREPAID)
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.