



Deb Fisher

Certified Shorthand Reporter

922 North Lyford Road Rockford, Illinois 61107

Phone 815/226-9755

Fax 815/395-9510

To: Attorney Thomas Popovich
3416 West Elm Street
McHenry, IL 60050


Date: 11-21-13

Re: Paul Dulberg vs. David Gagnon, et al.

Deposition of Paul Dulberg (Condensed copy)

Postage

Thank You!
We Appreciate Your Business

 **PAID**
CK 5573
4/28/14

TOTAL

\$447.20

6.00

\$453.20



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URBANSKI REPORTING COMPANY, INC.

460 Lake Avenue

Crystal Lake, IL 60014


31 2-977-1777 815-356-6140

Tax ID 36-3960092

Invoice

DATE OF JOB	INVOICE #
2/4/2013	13870

BILL TO
Law Offices of Thomas J. Popovich Mr. Hans Mast 3416 W. Elm Street McHenry, IL 60050

 **PAID**
CK 5465
4/11/14

INVOICE DATE	DUE DATE
12/9/13	3/6/2013

DESCRIPTION	QUANTITY	RATE	TOTAL
Du lberg v Gagnon			0.00
dep of Gagnon			
rp tr: Orton			
backordered regular delivery			
original	214	3.60	770.40
exhibits	10	0.25	2.50

Thank you for your business!

Total 772.90

* Now accepting credit card payments 4% fee will apply *

** A late fee of \$35 will be assessed after 60 days on all invoices **

*** All check payments will be electronically deposited and debited from your account. Any attempt to stop payment will be assessed a \$30 service fee. ***



Minuteman Press
6410 W. Elm St.
McHenry IL 60050
Phone: 815-344-1404
Fax: 815-344-9552
www.mchenryminutemanpress.com
e-mail: minutemanmchenry@comcast.net

Invoice

Invoice Number: 80723
Invoice Date: 12/11/2013

Bill To: Thomas Popovich, P.C. 2013
3416 W. Elm St
McHenry IL 60050


Phone: 815-344-3797
Fax: 815-344-5280

Ship To: Thomas Popovich, P.C. 2013
Tom
3416 W. Elm St
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

Merry Christmas
and
Happy New Year

Description	Price
225 Black & White copies - Dulberg (Job 125106)	\$33.75
378 Black & White copies - Austin (Job 125107)	\$56.70
Sub Total	\$90.45
Invoice Total	\$90.45
Balance Due	\$90.45


3/31/14
CL 5413

Salesperson: Tom

Terms: Net 30 days

1.5% interest per month on past-due invoices.

Terms begin on Invoice date

Thank you,

Authorized Signature: _____

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