

Fall River Valley Fire Protection District

P.O. Box 670 ● McArthur, CA 96056 530.336.5026

SPECIAL MEETING AGENDA

Fall River Lion's Hall - McArthur, CA 96056

DECEMBER 20, 2024 AT 10:00 AM

The Brown Act prohibits the FRVFPD from taking action on any item not placed on the agenda in most cases. The Brown Act requires any non-confidential documents of writings distributed to a majority of the District Board less than 72 hours before a regular meeting to be made available to members of the public at the same time they are distributed.

Should supplemental materials to be evaluated in the decision-making process be made available to the members of the legislative body at the meeting, 5 copies must be provided to the Clerk of the Board who will distribute them.

Agenda packets are available for the public who requests them. Contact the Clerk of the Board for packets.

- Call to Order:
- Flag Salute:
- Roll Call of Board Members:
- Public Comment (Limited to agenda items per Gov. Code 54954 > 3 (a))

Possible Action Items:

- 1. Approval of Claims
- 2. Resolution 122024 to approve payment of \$306,178.33 for new Fire Engine.
- 3. Discussion and possible action to approve expenditure for data recovery.
- 4. Approval of Jonathon Sims to sign county documents for Day Rd remodel.

ADJOURNMENT:



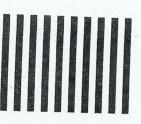
STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

Post Office

PEID:	VEND006370	ADDR TYPE (AP,A1,A2,):	01	
INV #:				
INV DATE:	12/01/24			

AMOUNT	COST		J ACTY E CODE		DESCRIPTION (30 CHAR)	VENDOR ACCT#		R1 1099 R2 CH	
	OHIK	COL	CODE			SECONDARY RE	F NC RE	E PUAT PTID	
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\$154.00	TOTAL		EXPLANA	TION	(TEYT)	ADDRESS: (If diffe	rent from		
PO/ CONTRACT/			EXI LAIVA	· IION	(TEXT)	remittance advice or if no	invoice)		
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	PARTIAL	FULL				McArthur, Ca. 96056	-9998		
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title and interest in th	ne within cla	all my right,	AUDITO		DISTRI	CT USE ONLY			
	io within the		USE ON		APPROVED BY: BOARD MEMBER	ı D	ATE		
Signed			I hereby c	ertify			AIE		
NSTRUCTIONS:			claim w		BOARD MEMBER	D	ATE		
1. Complete, date and	sign form.		examined		BOARD MEMBER	i D	ATE		
2. Obtain Department I			approved b						
 Districts obtain board Attach supporting do 	d signatures cumentation	1			BOARD MEMBER	D.	ATE		
5. Forward to County A	uditor-Contr	oller.	By Dept County Au		BOARD MEMBER	, D	ATE		
he undersigned and			USERI	D		Ì			
he undersigned, unde he above claim and the	e items as th	erein set out are			I hereby certify, under penalty of perj	ury, that I have not violated	any of the		
rue and correct; that no een paid, and that the	part thereo	of has heretofore	DATE		provisions of Article Four, Chapter Ocode. Furthermore, that the articles	or services specified in the	shows alair		
laimant , and that the s ear after the last item t	same is pres	sented within one	DATE		articles or services have been deliver	or the purpose indicated ab	ove that th	ha	
	ancicol rias a	accided.			otherwise indicated above by me.			Jopt do	
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UNITED STATES NO POSTAGE NECESSARY IF MAILED

> MCARTHUR, CA 96056-9998 POSTMASTER

> > **POSTMASTER**

Address Here Post Office

PO BOX FEE PAYMENT

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 99998

BUSINESS REPLY MAIL

If Undeliverable as Addressed, Return to Local Postmaster



Annual

Semiannual

Amount

Your PO Box fee is due by the LAST DAY OF THIS MONTH.

payment by any of the convenient options noted on the inside top portion of this envelope. within 10 days after the due date, a late payment charge will apply. You may make Your PO Box will be closed if the fee is not paid by the due date. If the fee is not paid

suspended until all associated charges are paid. our check, or if payment is not received by the due date, your PO Box service wi Make checks or money orders payable to "U.S. Postal Service." If the bank returns

lease disregard this notice if payment has been made.

hank you.

Box #670

6 Months: \$77.00 12 Months: \$154.00 FALL RIVER VALLEY FIRE PROTECTION

Due Date: 12/31/2024

Post Office Box Service Fee Due



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

INV #:

INV DATE:

HART BEEBE

PEID:	VEND008

ADDR TYPE (AP,A1,A2,):

VEND008451

12/09/24

AMOUNT	COST	ACCT	PRO.			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
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PO/ CONTRACT/ BLANKET PO #				TRAINING			assistance davise of this inv	oice)	
	DADTIN								
	PARTIAL	FULL					26636 S NAVAJO PL		
For Value Received, I assign, transfer, and	hereby sel	l,					SUN LAKES, AZ 85248		
title and interest in th	a	II my right.		AUDIT		DISTRIC	CT USE ONLY		
	e within cia	um.		USE ON	VLY	APPROVED BY: BOARD MEMBER			
Signed				I hereby c			DATI		
INSTRUCTIONS:				that the a claim w	as	BOARD MEMBER	DATE		
Complete, date and a Obtain Department F	sign form. Head signatu	ıre.		examined and approved by the		BOARD MEMBER		ATE	
Districts obtain board	d signatures.			office) .	BOARD MEMBER	DATE		
 Attach supporting do Forward to County A 	cumentation	ı. Oller		By Depu					
				County Au USER I		BOARD MEMBER	DATE		
The undersigned, under the above claim and the true and correct; that no	tems as the part thereon	erein set ou	t are			I hereby certify, under penalty of perju provisions of Article Four, Chapter On code. Furthermore, that the articles of	e Division Four Title One of	he Calif	Gov.
been paid, and that the claimant , and that the s year after the last item th	ame is pres	ented within	due this one	DATE		necessary and were ordered by me fo articles or services have been delivered otherwise indicated above by me.	ir the nurnose indicated above	. 4h -4 4h -	ALCOMOTE:
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			



Jody Morgan <jmorgan@frvfiredistrict.org>

Fwd: Invoice 11877 for Confined Space Rescue Awareness - CSRA1461 was created on 12/09/2024. 1 message

Hart Beebe <hbeebe083@gmail.com>

To: Jody Morgan <jmorgan@frvfiredistrict.org>, James White <jamesdog247@gmail.com>

Mon, Dec 9, 2024 at 2:57 PM

Please contact SFT and take care of creating a billing contact and paying this invoice.

Thanks.

--- Forwarded message --

From: State Fire Training <SFT@acadisonline.com>

Date: Mon, Dec 9, 2024 at 10:21 AM

Subject: Invoice 11877 for Confined Space Rescue Awareness - CSRA1461 was created on 12/09/2024.

To: <hbeebe083@gmail.com>

you are the responsible party, please remit payment as soon as possible. You are receiving this email as either a responsible party for invoices for Fall River Valley FPD or as a registered instructor assigned to the related course. If

In order to pay the invoice, the Biling Agency must have established a billing contact on file with State Fire Training. If they have not yet done so, please have the Billing Agency submit an Agency Billing Contact Request form via the SFT User Portal WebForms

Bill-to Party: Fall River Valley FPD

Invoice: 11877 (sign-in required)

Invoice Amount:

Invoice Date: \$ 1,050.00 12/09/2024

Due Date: 01/08/2025

Description: Confined Space Rescue Awareness - CSRA1461

Sign in to the California Office of the State Fire Marshal | State Fire Training to see and pay invoices.

dst=InvoiceCreationPayInvoices) (If this link does not work, copy and paste the following link into a web browser: https://osfm-sft.acadisonline.com/AcadisViewer/FromEmail?

This email is intended solely for the use of the individual to whom it is addressed and may contain information that is privileged, confidential or otherwise exempt from disclosure. If the reader of this email is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you've received this communication in error, please notify the application account administrator immediately.



Jody Morgan <jmorgan@frvfiredistrict.org>

Fwd: Course CSRA1461 Processed

1 message

Hart Beebe https://www.nbeebe083@gmail.com

To: Jody Morgan <jmorgan@frvfiredistrict.org>, James White <jamesdog247@gmail.com>

Mon, Dec 9, 2024 at 2:59 PM

additional information

Hart

----- Forwarded message -----

From: Horrell, Kathryn@CALFIRE <Kathryn.Horrell@fire.ca.gov>

Date: Mon, Dec 9, 2024 at 9:58 AM

Subject: Course CSRA1461 Processed

To: hbeebe083@gmail.com <hbeebe083@gmail.com>

invoice via email within the next few hours This course has been processed. The billing agency or individual assigned to this course will receive an electronic

their individual SFT ACADIS User Portal: https://osfm-sft.acadisonline.com/acadisviewer/login.aspx Once the invoice has been paid, students will receive their diplomas for the course and be able to view them in

ACH/TeleCheck. Agencies may still mail in a check, but diplomas will not be released until payment is received. Important: Courses are now billed electronically via email, with additional options to pay by credit card or

a billing contact, please forward them this information. Contact Request form. If the agency that is assigned to be billed for this course approval has not yet submitted for Billing Agencies will need to establish a billing contact for their organization by submitting the Agency Billing

See the Course Delivery webpage for more information.

Thank you,

Kathryn Horrell

Office of the State Fire Marshal

State Fire Training

kathryn.horrell@fire.ca.gov



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

HART BEEBE

PEID:

VEND008451

ADDR TYPE

(AP,A1,A2,):

01

INV #:

2024-004

INV DATE: 11/10/24

AMOUNT	COST	ACCT	PROJ CODE	SEE PERSONALISMENT OF THE PERSON NAMED IN COLUMN 1		DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CH
304.00	00447	034800			2024	3 QTR I 76NCIDENT REPORTS		МН	PTI
					2021	3 CIN 1 YONGIDENT REPORTS			
		-							
\$304.00	TOTAL			EXPLANA'	TION	(TEYT)	ADDRESS: (If different		
PO/ CONTRACT/							ADDRESS: (If different remittance advice or if no investigation)	rom pice)	
BLANKET PO#				CALFIRE RE	PORT	NG			
	PARTIAL	FULL					26636 S NAVAJO PL		
or Value Received, I	hereby sell	√							
ssign, transfer, and s	set over to	ll my right,					SUN LAKES, AZ 85248		
itle and interest in the	within cla	im.		AUDITO		APPROVED BY:	CT USE ONLY		
Signed				I hereby ce	rtify	BOARD MEMBER	DATE		
NSTRUCTIONS:				that the ab		BOARD MEMBER	DATE		
. Complete, date and s	ign form.			examined a	and	BOARD MEMBER		ATE	
Obtain Department Hobert Districts obtain board	signatures.			office.		BOARD MEMBER			
Attach supporting doc Forward to County Au	umentation.	iller		By Deput	ty		i DATE		
	orward to County Auditor-Controller.			County Aud		BOARD MEMBER	DATE		
ne undersigned, under e above claim and the	items as the	rein set out	oro			hereby certify, under penalty of perju	ry, that I have not violated any	of the	
ue and correct; that no een paid, and that the a aimant, and that the sa ar after the last item th	part thereof mount here me is prese	has heretofo in is justly du	ore	DATE		provisions of Article Four, Chapter On code. Furthermore, that the articles of necessary and were ordered by me fo articles or services have been delivered otherwise indicated above by me.	r services specified in the above	e claim v	were
AIMANT			88			AUTHORIZED			
GNATURE						SIGNATURE			
TE								Name and Address of the Owner, where	

FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl. Sun Lakes, Az. 85248 530-339-2735 INVOICE 2024-004 Nov. 10, 2024

Hbeebe083@gmail.com

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

Quantity Description	Unit Price	Amount
1. 2024 3rd. quarter 76Incident Reports reported to Cal F		\$304.00
2		
3.		
4.		/

Subtotal N/A

Total: \$304.00

Make Checks Payable: Hart Beebe 26636 S. Navajo Pl. Sun Lakes, Az. 85248





STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

WILGUS FIRE CONTROL INC

PEID: VEND006737

ADDR TYPE (AP,A1,A2,):

01

INV #:

506910254

INV DATE: 10/25/24

AMOUNT	COST	ACCT	PRO	TOTAL SECURIOR SECURI		DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CH
267.52	00447	033500			HVDI	ROSTATIC TESTING		MH	PTIE
					11101	COSTATIC TESTING			
						•		1.00	
\$267.52	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inve	from	
For Value Received, I assign, transfer, and s itle and interest in the	set over to	ll my right		AUDITO USE ON		DISTRICAPPROVED BY:	REDDING, CA 96003		
Signed				I hereby ce	rtify	BOARD MEMBER	DATE		
ISTRUCTIONS:				that the above claim was examined and approved by this		BOARD MEMBER	DATE		
. Complete, date and si . Obtain Department He	ead signatur	e.				BOARD MEMBER	DATE		
Attach supporting doci	Districts obtain board signatures. Attach supporting documentation. Forward to County Auditor-Controller.			By Deput	y	BOARD MEMBER	DATE		
ne undersigned, under p	penalty of pe	eriuny state	e that	USER ID			DATE		
e above claim and the ince and correct; that no per paid, and that the and imant, and that the salar after the last item the	tems as the part thereof mount hereinme is presented.	rein set out has heretofon is justly di	are ore	DATE	1	hereby certify, under penalty of perju- provisions of Article Four, Chapter On- code. Furthermore, that the articles of necessary and were ordered by me fo- articles or services have been delivered otherwise indicated above by me.	e, Division Four, Title One of the services specified in the abover the purpose indicate the services.	e Calif. G e claim w	vere
AIMANT SNATURE						AUTHORIZED SIGNATURE			
TE									

WILGUS FIRE CONTROL INC. 4544 Mountain Lakes Blvd. REDDING, CA 96003

Invoice

Date	Invoice #
10/25/2024	5069102524

PAST DUE

Bill To

FALL RIVER FIRE DIST.
P.O. BOX 396
FALL RIVER, CA 96028

Ship To

FALL RIVER FIRE DIST. SCBA 43155 HWY. 299 FALL RIVER, CA 96028

P.O. No. Terms Rep

NET 10 SHOP

S / W Port #			51101
Procession of the Party of the		Price Each	Amount
033	Hydrostatic Tests HP seal	35.00 3.00	245.00 21.007
	1		
	S/W Part# Iydro 033	lydro Hydrostatic Tests	Sydro Hydrostatic Tests Price Each

Sales Tax (7.25%) \$1.52

Total

\$267.52

Phone #	
(530) 241-2465	

Fax # (530 241-2473

E-mail safeguard@wilgusfire.com

Web Site
www.wilgusfire.com

- 041008423 this week g: Invoice

Ship To

WILGUS FIRE CONTROL INC. 4544 Mountain Lakes Blvd. REDDING, CA 96003

Date	Invoice #
10/25/2024	5069102524

PAST DUE

Bill To FALL RIVER FIRE DIST. P.O. BOX 396 FALL RIVER, CA 96028

FALL RIVER FIRE DIST. SCBA 43155 HWY. 299 FALL RIVER, CA 96028

> P.O. No. Terms Rep NET 10 SHOP

Qty	S / W Part #	Description	Price Each	Amount
7 4 · • · 7	Hydro T033	Hydrostatic Tests HP seal	35.00 3.00	245.00 21.007
			Sales Tax (7.25	5%) \$1.52

Total

\$267.52

Phone #
(530) 241-2465

Fax #	
(530 241-2473	

E-mail safeguard@wilgusfire.com

Web Site www.wilgusfire.com



Jody Morgan <jmorgan@frvfiredistrict.org>

Invoice 5069102524 from WILGUS FIRE CONTROL, INC.

1 message

nancy wilgusfire.com <nancy@wilgusfire.com>
To: "jsims@frvfiredistrict.org" <jsims@frvfiredistrict.org>
Cc: "jmorgan@frvfiredistrict.org" <jmorgan@frvfiredistrict.org>

Thu, Dec 12, 2024 at 12:48 PM

WILGUS FIRE CONTROL INC

5069102524 Due:11/04/2024 Invoice PAST DUE

\$267.52 Amount Due:

Dear Customer:

convenience. Your invoice-5069102524 for 267.52 is attached. Please remit payment at your earliest

Thank you for your business - we appreciate it very much.

Sincerely,
WILGUS FIRE CONTROL INC.

www.wilgusfire.com (530) 241-2465

Inv_5069102524_from_WILGUS_FIRE_CONTROL_INC._2072.pdf



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

CASCADE FIRE EQUIPMENT

PEID:

VEND 001187

ADDR TYPE (AP,A1,A2,):

/PE .2,): 01

INV #:

INV15582

INV DATE:

10/28/24

AMOUNT	COST	ACCT	PROJ CODE	ACTY	DESCRIPTION (30 (CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
15,466.52	00447	035500			MINOR EQUIPMENT			NC RE MH	PU A PT II
\$15,466.52	TOTAL			EVDI ANAT					
PO/ CONTRACT/				EXPLANAT	ON (TEXT)		ADDRESS: (If different remittance advice or if no invo	from	
BLANKET PO#							P.O. BOX 4248		
F	PARTIAL	FULL					MEDEORD OF STEEL		
For Value Received, I h	ereby sell	1					MEDFORD, OR 97501		
assign, transfer, and se	et over to								
itle and interest in the	within clair	my right, n.		AUDITOR USE ONL		DISTRIC	T USE ONLY		
Signed				l hereby cert	BOARD MEMBER		DATE		
NSTRUCTIONS:				that the above	- O' III O III EIII BER		DATE		
Complete, date and sig Obtain Department Hea	gn form. ad signature	2		examined an pproved by t			DATE		
Districts obtain board s Attach supporting docu	ignatures.			office.	BOARD MEMBER		DATE		
Forward to County Aud	mentation. itor-Controll	er.		By Deputy County Audit	or BOARD MEMBER		DATE		
ne undersigned, under p	enalty of pe	riury states t		USER ID			DATE		
le and correct: that no he	ems as then	ein set out an					, that I have not violated any of Division Four, Title One of the		-
een paid, and that the amaimant, and that the sam aimant, and that the sam ar after the last item the	nount herein	is justly due	11.1. 190503	DATE	necessary and were ordere	d by me for the	Division Four, Title One of the ervices specified in the above the purpose indicated above; to or performed as stated hereo	claim we	ere
AIMANT SNATURE			000000		AUTHORIZED				
TE					SIGNATURE				
					DATE				
					()H100	1053		



Cascade Fire Equipment PO Box 4248 Medford OR 97501 United States https://cascadefire.com/ (800) 654-7049

Invoice #INV15582 10/28/2024

Bill To Fall River Valley Fire Dist Po Box 670 Mcarthur CA 96056 **United States**

Ship To Rick Gomes Fall River Valley Fire Dist 90 Gooch Mill Rd Mcarthur CA 96056 United States

PO#	Shipping Method	Tracking No	SO#	Due Date	Terms	Sales Rep
CAL FIRE 2023	Will Call		Sales Order #SO20683	11/27/2024	Net 30	Dylan Clark

Item	Qty	Backordered Qty	Rate	Amount
10313 Hydrant Wrench, Cascade	1	0	\$85.00	
40018 Siamese,Clappered 2.5" Akron Akron Double Clapper	2	0	\$1,549.00	\$85.00 \$3,098.00
11516X50NH BLUE Hose, Poly-Tuff 800 3X50 Blue Cpld 2.5" NH	12	0	\$399.00	\$4,788.00
DHP-2502-BK Wolfpack Dropper Hose Pack - 2 Roll w/ Quick Release	1	0	\$190.00	\$190.00
507528M12 Boot, Fire Hunter Pro 12 Medium 507528M12.5	1	0	\$385.00	\$385.00
Boot, Fire Hunter Pro 12.5 Medium	0	1	\$385.00	\$0.00
507528M11.5 Boot, Fire Hunter Pro 11.5 Medium	1	0	\$385.00	\$385.00
507528M11.5 Boot, Fire Hunter Pro 11.5 Medium	. 0	1	\$385.00	
507528M11 Boot, Fire Hunter Pro 11 Medium	1	0	\$385.00	\$0.00
507528M10.5 Boot, Fire Hunter Pro 10.5 Medium	1	0	\$385.00	\$385.00 \$385.00
MAJ-MFA-72 XL Majestic MFA-72 Structure Glove, KL	6	0	\$135.00	
70200Y Yellow 360 Std. W/Faceshield tandard Configuration	0	6	\$359.00	\$810.00
0084R iear Bag, Forestry Red	5	0	\$359.00 \$75.00	\$0.00
0083 ear Bag, Xl Red	6	0	\$80.00	\$375.00 \$480.00
IN IO W				+ 100.00

DUNS# 13-196-8901 FEI#93-0883255
CALIF. CORPORATE TAX NO. 1627970 CF4EC
CALIF. SALES TAX EXEMPT NO. SR-S-JHG-97-127983
INV15582





Cascade Fire Equipment PO Box 4248 Medford OR 97501 United States https://cascadefire.com/ (800) 654-7049

Invoice #INV15582 10/28/2024

Item	Qty	Backordered Qty	Rate	Amoun
40711 1.5" Ball Shutoff with bail handle	1	0	\$125.00	
10216 Nozzle Tip, 1-1/2" Nh X 1/2"	1	0	\$95.00	\$125.00
20900 Fire Ext, 2.5 Gal Pressurized Water	0	1	\$95.00 \$165.00	\$95.00 \$0.00
20905 Fire Ext, Abc - 20 Lb	1	0	\$249.00	\$249.00
11040NPSH Reducer, 2" Npsh (F) X 1.5" Nh (M) R/L	4	0	\$35.00	\$249.00 \$140.00
50426 Goggle, Ess Wildland Striketeam Xto	6	0	\$41.00	\$246.00
50023Y Yellow Hat, Wildfire W/Ratchet Full Brim	6	0	\$70.00	\$420.00
50013 Shroud, Deluxe Nomex W/ Cotton Liner Face/Neck	6	0	\$35.00	
50174A46C5Y Coat, Armor Ap 5.5 Ylw 46 W/2" ./Y Trim FALL RIVER VALLEY SPEC	1	0	\$415.00	\$210.00 \$415.00
60174A48C5Y Coat, Armor Ap 5.5 Ylw 48 W/2" /Y Trim FALL RIVER VALLEY SPEC	1	0	\$415.00	\$415.00
0181A36X30C6Y ant, Armor Ap 5.5 Ylw 36X30 //2" L/Y Trim	1	0	\$370.00	¢270.00
0181A36X34C6Y ant, Armor Ap 5.5 Ylw 36X34 //2" L/Y Trim	1	0	\$370.00	\$370.00 \$370.00
and a second control of the second control o	ratina dan cipradikan menangkan pilanggan pilanggan di sebelah beranda as	one assignment page under einer region, des chieves makedain e and ne entrehed exegen	Subtotal	\$14,421.00
			Shipping Cost Tax Total (%)	\$0.00
			Total	\$1,045.52 \$15,466.52
			Amount Due	\$15,466.52

DUNS# 13-196-8901 FEI#93-0883255
CALIF. CORPORATE TAX NO. 1627970 CF4EC
CALIF. SALES TAX EXEMPT NO. SR-S-JHG-97-127983





STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

EXPRESS BUSINESS SERVICE

PEID:

VEND011121

ADDR TYPE

(01,02,03,):

01

INV #:

XF120824A

INV DATE:

12/08/24

AMOUNT	COST	ACCT	PROJ CODE	ACTY		DESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099 NC RE	R2 CH
1,782.00	00447	011000			GROS	SS WAGES PPE 12/8/24		МН	PTID
110.48	00447	018100			-	X PPE 11/25/24 - 12/8/24	 		-
25.85	00447	018100			-	AX PPE 11/25/24 -12/8/24			
34.65	00447	018400			-	E 11/25/24 - 12/8/24		+	
67.31	00461	034800			-	ERVICES PPE 12/8/24		+	
	664								
				1					
0.000.00									
2,020.29	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If differe remittance advice or if no in	nt from	
For Value Received, I hereby sell, assign, transfer, and set over to				PAY DATE	OD 11/ :: 12/13 OSIT B	LEY FIRE PROTECTION DIST 25/24 - 12/8/24 3/24 Y 12/12/24 IF NOT POSSIBLE	PO BOX 1469 SHASTA LAKE, CA 96	019	
itle and interest in the	within cla	all my right, aim.		AUDIT USE ON		APPROVED BY:	CT USE ONLY		
Signed				I hereby c	ertify	BOARD MEMBER	ļ DA1	Ē	
				that the a		BOARD MEMBER	DAT	E	
The undersigned, under the above claim and the	ne items as	therein set a		examined and B approved by this office.			DAT	TE	
een paid, and that the	no part ther amount he	eof has here	tofore	By Dept	ıtv	BOARD MEMBER	DAT	DATE	
year after the last Furthermore, if I am a	item thereo	esented withing the secretary according to the s	n one d.	CONTRACTOR AND STREET, AND STR		BOARD MEMBER		DATE	
also certify that I hav personal gain I may ha mited to, cash back ea frequent flier miles	rned on a r	d including, b	ut not	DATE		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calificode. Furthermore, that the articles or services specified in the above claim necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon exceptions indicated above by me.			were
GNATURE	MO	tri a	- 4	Derne	1/ 1/	AUTHORIZED SIGNATURE			
ATE 12	/09/24				I	DATE			

Express Business Service

Invoice

P.O. Box 1469 Shasta Lake, CA 96019 (530) 710-2351

Date	Invoice #
12/9/2024	4845

Bill To	
Fall River Valley Fire Protection Dist PO Box 670 McArthur, CA 96056	
MOAI titul, CA 96036	

Terms
Net 10 days

			Net 10 days
Description	Quantity	Rate	Amount
2/13/24 Payroll ax deposit ostage	3	50.00 5.00 2.31	50.0 15.0 2.3
	/		
		(
ank you for your business.			
		Total	\$67.31

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
Pay Date: December 13, 2024

Prd Beginning: November 25, 2024

	11001 20, 2024				Pay Date:	Pay Date: December 13, 2024	2024			Prd Ending: December 8, 2024	December	8, 2024
Employee	Earnings	Rate	Hours	Amount	Amount Federal	Amount State	State/Local	Amount	Amount Ded / Inc	Amount	Net Pav	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 170.00	170.00 FICA 170.00 MCare	10.54 2.47					156.99	567
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	250.00 FICA 250.00 MCare	15.50 3.63					230.87	568
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	50.00 FICA 50.00 MCare	3.10 0.73					46.17	569
MORGAN, JODY	Gross Regular	24.00	48.00	1152.00 FICA 1152.00 MCare	FICA MCare	71.42 16.70	71.42 CA - St Wh 16.70	12.00			1051.88	570
SANTOYO, JACQUELINE	Gross Regular	20.00	8.00	160.00 160.00	160.00 FICA 160.00 MCare	9.92 2.32					147.76	571
Grand Total	Gross Regular		0.00 68.00	1782.00 FICA 1782.00 MCare	FICA MCare	110.48 25.85	110.48 CA - St Wh 25.85	12.00			1633.67	
											-	

Client Id: A79 Federal Id: 874786770

Pay Date: December 13, 2024 Payroll Summary

State Id: SUI Id: 16477879 16477879

Prd Beginning: November 25, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: December 8, 2024

Date 12/13/24 Date 12/13/24 Date 12/13/24 Date 12/13/24		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax	Employee Taxes	Tot Units/Hours	Regular	Units/Hours
EFTPS ST_EFTPS ST_EFTPS EXPRESS BUSINESS SERVICE		148.33	110.48 25.85 0.00 12.00	axes	68.00	68.00	urs
SERVICE	TAXES & OTHER PAYMENTS	Tot. Empir's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA Unempl (SUI) CA Training Tax	Employer's Taxes	Total Pay	Regular	Earnings/Pay
941 CK. STWT CK. SUI CK. P Ck.	AYMENTS	170.98	110.48 25.85 0.00 34.02 0.63	axes	1782.00	1782.00	ау
EFTPS Due 12/18/24 (ST_EFTPS Due 12/18/24 (ST		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 272.66 \$ 12.00 \$ 34.65 \$ 67.31		1633.67	1633.67		0.00		

60



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

HIWAY GARAGE

PEID:

VEND016813

ADDR TYPE

(AP,A1,A2,):

01

INV #:

545917

INV DATE:

11/25/24

AMOUNT	COST	ACCT	PROJ CODE	MAN SPECIAL NAME OF TAXABLE PARTY OF TAXABLE PARTY.	C	DESCRIPTION (30 CHAR)	VENDOR ACC SECONDARY F	EE L	1 1099 NC RE	R2 CHI
312.50	00447	035900			Labor				MH	PTID
242.36	00447	035900			Parts					/
8.00	00447	035900			Enviro	onmental Fee				
17.57	00447	035900			Sales	TAx				
\$580.43	TOTAL			EXPLANA	NOITA	(TEXT)	ADDRESS: (If di remittance advice or if i	fferent fr	om ce)	
PO/ CONTRACT/ BLANKET PO #	나는 사람들은 전 경기를 가지 않는데 얼마를 하는데 되었다.			Repair			44275 HWY 299E			
	PARTIAL	FULL					MCARTHUR, CA 96	056		
For Value Received, assign, transfer, and	l hereby se	ll,								
		all my right.		AUDIT	OR	DISTR	ICT USE ONLY		50000	
title and interest in th	e within cla	aim.		USE OI	NLY	APPROVED BY: BOARD MEMBER				
Signed				I hereby o				DATE		
INSTRUCTIONS:				claim w	vas	BOARD MEMBER		DATE		
 Complete, date and Obtain Department I 	sign form. Head signat	ure		examined approved is		BOARD MEMBER	i	DATE		
Districts obtain board	d signatures			office		BOARD MEMBER		DATE		
 Attach supporting do Forward to County A 	ocumentation auditor-Contr	n. roller.		By Depo		BOARD MEMBER				
The undersigned and	ne undersigned, under penalty of perjury, states that		USER		BOARD WEIGHER		DATE			
the above claim and the	e items as th	nerein set out	are			I hereby certify, under penalty of per provisions of Article Four, Chapter C	ne. Division Four Title O	ne of the	Calif	Cov
rue and correct; that no been paid, and that the	amount her	ein is justly d	ue this	DATE		code. Furthermore, that the articles necessary and were ordered by me	or services specified in the	e ahove	claim	Word
claimant , and that the s /ear after the last item t	thereof has	sented within accrued.	one			articles or services have been delive otherwise indicated above by me.	red or performed as state	d hereo	n exce	pt as
CLAIMANT						AUTHORIZED				
BIGNATURE						SIGNATURE				
ATE						DATE				

Hiway Garage Inc 44275 Hwy 299E CA 96056

Statement

Date 11/25/2024

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	1	۱	4	,

Fall River Valley Fire Protection Distric PO Box 670 McArthur, California 96056

				Amount Due	Amount Enc.
	and the state of t			\$580.43	
Date		Transaction		Amount	Balance
11/18/2024 II 	Balance forward NV #12800. Due 12/18/202 Labor \$312.50 Parts & Accessories \$242 Environmental Fee \$8.00 Tax: 7.25 @ 7.25% = 17.	36		580.43	0.00 580.43
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS	Amount Due
580.43	0.00	0.00	0.00	PAST DUE	\$580.43

44275 STATE HIGHWAY 299 EAST McARTHUR, CA 96056 (530) 336-5532 BAR #ARD00286168

11/18/2024 3:	52:53 PM PST	Invoice #12800			Page:
PO BOX 6		PROTECTION DISTRICT			Phone
Vehicle VIN	: 1975 CHEVROLE : CKY245Z138606	T K30 PICKUP 5.7 W/THM350 AUTO	Tag/State Color	: E652645/CA : Red	
Fleet #/Drive			Odometer In	: 17903	
Created	: 11/13/2024 12:39		Odometer Out	: 17903	
Invoiced	: 11/18/2024 3:52	:42 PM PST			
Labor/Notes					
<u>Techr</u> T1	<u>Reference</u> LOF	<u>Description</u>			Pric
DR/ APF	AIN AND REFILL CRANI PLICABLE. REPLACE AIF ADES. COOLANT -45. AI		CE OIL FILTER. LUBRICA REMINDER STICKER. RE	TE CHASSIS WHERE PLACED W/S WIPER	\$50.0
MO		ON GOOD USED WHEEL.			\$30.00
T1 REF	LABOR PLACE DAMAGED DRIVE	MISC LABOR ER SIDE MIRROR.			\$77.50
M1	LABOR	REPAIR WIRING HARNESS			\$155.00
Parts					
<u>Code</u>	Reference PART	Description	Condition	Unit Price	Price
CHV	80W90	USED 16" WHEEL	New	\$30.00	\$30.00
-	PCB16	80W90 GEAR OIL GL-4/5	New	\$6.00	\$12.00
FIL	1060	16" WIPER BLADE	New	\$10.00	\$20.00
FIL	2098	NAPA Gold Engine Oil Filter		\$11.36	\$11.36
NF	552	NAPA Gold Round Air Filter		\$17.06	\$17.06
GRO	280935	NAPA Turn Signal Flasher 12 V		\$6.46	\$6.46
ONO	200933	Mirror - Exterior Rear View Versatile Tripod Bright	Assembly	\$107.98	\$107.98
-	10W30	10W30 MOTOR OIL	New	\$7.50	\$37.50
		LaborParts			\$312.50 \$242.36
		Environmental Fee			\$8.00
		Sales Tax	Default Rule	@ 7.25%	\$17.57
				Total	\$580.43
			DA	YMENT	
			BALAN		\$0.00
echnician Code			DALAIN	CL DUE	\$580.43

Technician Code

Certification #

T1 M1

44275 STATE HIGHWAY 299 EAST McARTHUR, CA 96056 (530) 336-5532 BAR #ARD00286168

11/18/2024 3:52:53 PM PST

Invoice #12800

Page:2

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Vehicle: 1975 CHEVROLET K30 PICKUP 5.7 W/THM350

Approvals

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or Inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FEE_12-Month or 12,000 Mile Warranty On Repairs.

Customer Signature

44275 STATE HIGHWAY 299 EAST McARTHUR, CA 96056 (530) 336-5532 BAR #ARD00286168

11/18/2024 3:5	2:50 PM PST	Invoice #128	00		Page:
PO BOX 67		PROTECTION DISTRICT			Phone
Vehicle: VIN Fleet #/Driver Created Invoiced	: CKY245Z138606		Tag/State Color Odometer In Odometer Out	: E652645/CA : Red : 17903 : 17903	
ALLE	LOF IN AND REFILL CRANI ICABLE. REPLACE AIF DES. COOLANT -45. AI	Description LUBE, OIL, AND FILTER CHANGE KCASE WITH CHEVRON 10W30 MOTOR OIL, RE R FILTER , TOP OFF ALL FLUID LEVELS AND APF LL TIRES @ 60 PSI.	PLACE OIL EILTED LUBDICA	TE CHASSIS WHERE PLACED W/S WIPER	<u>Pric</u> \$50.0
REPL MOU T1	TIREMOUNT ACE DAMAGED L/F W NT & BALANCE TIRE LABOR	MOUNT AND BALANCE TIRE HEEL. ON GOOD USED WHEEL. MISC LABOR			\$30.00
REPL M1	ACE DAMAGED DRIVE LABOR	ER SIDE MIRROR. REPAIR WIRING HARNESS			\$77.50 \$155.00
Parts					Ψ133.00
<u>Code</u> -	Reference PART	Description USED 16" WHEEL	<u>Condition</u> New	<u>Unit Price</u> \$30.00	<u>Price</u> \$30.00
CHV	80W90	80W90 GEAR OIL GL-4/5	New	\$6.00	\$12.00
-	PCB16	16" WIPER BLADE	New	\$10.00	\$20.00
FIL	1060	NAPA Gold Engine Oil Filter		\$11.36	\$11.36
FIL	2098	NAPA Gold Round Air Filter		\$17.06	\$17.06
NF	552	NAPA Turn Signal Flasher 12 V		\$6.46	\$6.46
GRO	280935	Mirror - Exterior Rear View Versatile Trip	pod Assembly	\$107.98	\$107.98
-	10W30	Bright 10W30 MOTOR OIL	New	\$7.50	\$37.50
		Labor Parts Environmental Fee			\$312.50 \$242.36
		Sales Tax	Default Rule (@ 7.25%	\$8.00 \$17.57
			PA BALANG	Total YMENT CE DUE	\$580.43 \$0.00 \$580.43

Technician Code T1 M1

Certification #

44275 STATE HIGHWAY 299 EAST McARTHUR, CA 96056 (530) 336-5532 BAR #ARD00286168

11/18/2024 3:52:50 PM PST

Invoice #12800

Page:2

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Vehicle: 1975 CHEVROLET K30 PICKUP 5.7 W/THM350

Approvals

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or Inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FIRE. 12 Month or 12,000 Mile Warranty On Repairs.

Customer Signature



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID:	VEND003554	ADDR TYPE (AP,A1,A2,):	01	
INV #:	262058			
INV DATE:	02/29/24			

	COST	ACCI	CODE	CODE	U	ESCRIPTION (30 CHAR)	SECONDARY REF			
	CNIK		CODE	CODE			SECONDA	XY KEF	NC RE MH	PU AT PT ID
127.50	00447	034800			PROFE	SSIONAL SVS	FA005-00003	1.67		
								A.		
				- 22						
							-			
							-			
\$127.50	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS:	(If differer	nt from	
PO/ CONTRACT/						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	remittance advice			
BLANKET PO#							6033 W CENT	URY BLV)	
	PARTIAL	FULL					5TH FLOOR			
For Value Received,	A TO A TOTAL COLUMN	AND DESCRIPTION OF THE PERSON OF					LOS ANCELES	CA 0004	_	
assign, transfer, and							LOS ANGELES	s, CA 9004	5	
title and interest in the	a within ol	all my right	t,	AUDITO			ICT USE ONLY			
	ie within th	airi.		USE ON	LY	APPROVED BY: BOARD MEMBER		DAT	E	36.
Signed			-	I hereby ce				- DA1		
INSTRUCTIONS:				that the ab		BOARD MEMBER		DAT	E	
1. Complete, date and	sign form.			examined		BOARD MEMBER		DAT	E	
2. Obtain Department	the latest the Table			approved by office.						
 Districts obtain boar Attach supporting do 						BOARD MEMBER		DAT	Έ	
5. Forward to County A	Auditor-Cont	n. roller.		By Depur County Aug		BOARD MEMBER		DAT	-	
				USER ID	NAME OF TAXABLE PARTY.	DOARD MEMBER		DAT	E	
The undersigned, unde he above claim and th	er penalty of	perjury, sta	ates that			I hereby certify, under penalty of pe	rjury, that I have no	t violated a	ny of the	
rue and correct; that n	o part there	of has here	tofore			provisions of Article Four, Chapter (code. Furthermore, that the articles	or services specifie	ed in the ab	ove claim	were
peen paid, and that the claimant, and that the	same is pre	sented with	due this in one	DATE		necessary and were ordered by me articles or services have been delive	for the purpose ind	cated above	e: that th	e
ear after the last item	thereof has	accrued.				otherwise indicated above by me.	cred or performed a	s stated He	reon exce	ept as
LAIMANT						AUTHORIZED				
SIGNATURE						SIGNATURE				
									A STATE OF THE PARTY OF	
DATE						DATE				

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

> Invoice 262058 February 29, 2024

Client/Matter No.: FA005-00003 Re: Fire Chief Advice & Counsel

For Professional Services Rendered Through February 29, 2024

BILLING SUMMARY

Total Fees Total Charges

\$127.50 \$127.50

Date	Tkpr	Narrative		
		2 TOTAL BEAT C	<u>Hours</u>	Amount
02/09/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM OLDSON'S ATTORNEY REGARDING OUTSTANDING STIPEND CHECKS AND HAVE A TELEPHONE DISCUSSION WITH GARY FAZIO REGARDING SAME.	0.20	85.00
02/21/24	JWH	REVIEW CORRESPONDENCE AND VOICE MESSAGE FROM OPPOSING COUNSEL REGARDING OUTSTANDING CHECKS AND DRAFT CORRESPONDENCE TO BOARD MEMBER GARY FAZIO REGARDING SAME.	0.10	42.50

Total Fees	127.50

	Fee Recap		Accessed to the second	
Timekeeper JACK W. HUGHES	PARTNER	<u>Hours</u> 0.30	<u>Rate</u> 425.00	<u>Amount</u> \$127.50
		0.30		\$127.50

		Accounts Receiva	ıble		
0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Due
\$212.50	\$170.00	\$0.00	\$0.00	\$0.00	\$382.50

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

> Invoice 262058 February 29, 2024

Client/Matter No.: FA005-00003 Re: Fire Chief Advice & Counsel

Billing	Summary	

Total Fees Total Costs Total Charges

\$127.50 \$0.00 \$127.50



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID: VEND003554

ADDR TYPE

(AP,A1,A2,):

01

INV #: 262092

INV DATE: 02/29/24

	COST	AND DESCRIPTION OF THE PROPERTY AND PERSONS ASSESSED.	PROJ	ACTY I	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099		
4,122.50	00447	03.4900				OLOGINA NE	NC RE MH	PU A PT II	
4,122.30	00447	034800		PROF	ESSIONAL SVS	FA005-00004			
\$4,122.50	TOTAL		E	XPLANATION	(TEVT)	ADDRESS: (If different			
PO/ CONTRACT/				AFLANATION	(IEXI)	ADDRESS: (If different remittance advice or if no inv.	oice)		
BLANKET PO#						6033 W CENTURY BLVD			
r									
	PARTIAL	FULL				5TH FLOOR			
or Value Received, I	hereby sel	l,	_			LOS ANGELES GA COOK			
ssign, transfer, and	set over to					LOS ANGELES, CA 90045)		
tle and interest in th	a e within cla	ll my right, im.		AUDITOR USE ONLY	APPROVED BY:	RICT USE ONLY			
igned					BOARD MEMBER	DATE			
				hereby certify that the above	BOARD MEMBER	DATE			
#104 market 1 market									
ISTRUCTIONS:				claim was		DATE			
Complete, date and	sign form.	re	6	claim was examined and oproved by this	BOARD MEMBER	DATE			
Complete, date and s Obtain Department F Districts obtain board	lead signatu I signatures.		6	claim was examined and oproved by this office.	BOARD MEMBER	DATE			
Complete, date and a Obtain Department F Districts obtain board Attach supporting do	lead signatu I signatures. cumentation		ap	claim was examined and oproved by this office. By Deputy	BOARD MEMBER BOARD MEMBER	İ			
Complete, date and s Obtain Department F Districts obtain board	lead signatu I signatures. cumentation		ap	claim was examined and oproved by this office. By Deputy county Auditor	BOARD MEMBER	DATE			
Complete, date and a Obtain Department H Districts obtain board Attach supporting do Forward to County Alle undersigned, under	lead signatures. cumentation uditor-Contro	oller.	e ap	claim was examined and oproved by this office. By Deputy county Auditor USER ID	BOARD MEMBER BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of periods.	DATE DATE DATE			
Complete, date and a Obtain Department H Districts obtain board Attach supporting do Forward to County Aire undersigned, under a above claim and the eand correct; that no eand correct; that no	lead signatures. cumentation uditor-Contro penalty of penalty of penalty of penalty as the penalty thereof	oller. perjury, states terein set out ar	e ap	claim was examined and oproved by this office. By Deputy county Auditor USER ID	BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of periprovisions of Article Four. Chapter Or	DATE DATE DATE Ury, that I have not violated any the Division Four Title One of	of the	Gov.	
Complete, date and a Obtain Department F Districts obtain board Attach supporting do Forward to County A Department of the undersigned, under the above claim and the seand correct; that no en paid, and that the simant, and that the s	lead signatures. cumentation uditor-Contro penalty of p items as the part thereof amount here ame is press	oblier. Derjury, states the erein set out are fast out out out out out out out out out ou	hat e	claim was examined and oproved by this office. By Deputy county Auditor USER ID DATE	BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of perji provisions of Article Four, Chapter Or code. Furthermore, that the articles on necessary and were ordered by me for the second code.	DATE Ury, that I have not violated any ne, Division Four, Title One of the process specified in the about the number indicated and number indicated any	of the	were	
Complete, date and a Obtain Department H Districts obtain board Attach supporting do Forward to County A Department of the undersigned, under the above claim and the leand correct; that no en paid, and that the	lead signatures. cumentation uditor-Contro penalty of p items as the part thereof amount here ame is press	oblier. Derjury, states the erein set out are fast out out out out out out out out out ou	hat e	claim was examined and oproved by this office. By Deputy county Auditor USER ID DATE	BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of periprovisions of Article Four, Chapter Or code. Furthermore, that the articles of the code is the	DATE Ury, that I have not violated any ne, Division Four, Title One of the process specified in the about the number indicated and number indicated any	of the	were	
Complete, date and a Obtain Department F Districts obtain board Attach supporting do Forward to County Are undersigned, under a above claim and the le and correct; that no en paid, and that the simant, and that the sar after the last item to	lead signatures. cumentation uditor-Contro penalty of p items as the part thereof amount here ame is press	oblier. Derjury, states the erein set out are fast out out out out out out out out out ou	hat e	claim was examined and oproved by this office. By Deputy county Auditor USER ID DATE	BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of perji provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliver.	DATE Ury, that I have not violated any ne, Division Four, Title One of the process specified in the about the number indicated and number indicated any	of the	were	
Complete, date and a Obtain Department F Districts obtain board Attach supporting do Forward to County Are undersigned, under a above claim and the e and correct; that no en paid, and that the simant, and that the sar after the last item the	lead signatures. cumentation uditor-Contro penalty of p items as the part thereof amount here ame is press	oblier. Derjury, states the erein set out are fast out out out out out out out out out ou	hat e	claim was examined and oproved by this office. By Deputy county Auditor USER ID DATE	BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of perjuprovisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	DATE Ury, that I have not violated any ne, Division Four, Title One of the process specified in the about the number indicated and number indicated any	of the	were	

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LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

> Invoice 262092 February 29, 2024

Client/Matter No.: FA005-00004 Re: Valdez Brown Act Litigation

For Professional Services Rendered Through February 29, 2024

BILLING SUMMARY

Total Fees Total Charges

\$4,122.50 \$4,122.50

		Fees		
<u>Date</u>	Tkpr	Narrative	<u>Hours</u>	A
02/05/24	NTJ	PREPARE FOR AND PARTICIPATE IN SETTLEMENT CONFERENCE AND FOLLOW-UP CALLS WITH CLIENT RE SAME.	2.10	Amount 892.50
02/06/24	JWH	REVIEW RESULTS OF THE FEBRUARY 5 CONTINUED SETTLEMENT CONFERENCE AND NEXT STEPS TO EITHER RESOLVE MATTER OR SEEK DISMISSAL OF PETITIONERS' ACTION.	0.20	85.00
02/06/24	NTJ	CALL WITH PETITIONER RE SETTLEMENT AGREEMENT.	0.10	42.50
02/11/24	NTJ	REVIEW SETTLEMENT AGREEMENT FROM PETITIONERS, REVISE ORIGINAL SETTLEMENT AGREEMENT, AND TRANSMIT SAME TO PETITIONERS WITH EXPLANATIONS RE SAME.	0.80	340.00
02/16/24	NTJ	CALL WITH GARY FAZIO RE STATUS OF SETTLEMENT.	0.10	42.50
02/17/24	NTJ	BEGIN REVIEW AND ANALYSIS OF, AND LEGAL RESEARCH RELATED TO, PROPOSED REVISIONS TO DRAFT SETTLEMENT AGREEMENT AND RELATED FILE REVIEW.	1.20	510.00
02/18/24	NTJ	CONTINUE REVIEW AND ANALYSIS OF, AND LEGAL RESEARCH RELATED TO, PROPOSED REVISIONS TO DRAFT SETTLEMENT AGREEMENT AND RELATED FILE REVIEW, AND DRAFT CORRESPONDENCE TO PETITIONER RE SAME.	2.20	935.00
02/19/24	NTJ	DRAFT CORRESPONDENCE TO COLLEAGUE JACK HUGHES RE STATUS OF SETTLEMENT NEGOTIATIONS WITH PETITIONERS.	0.30	127.50
02/20/24	JWH	REVIEW STATUS OF SETTLEMENT NEGOTIATIONS.	0.10	42.50

Fall River Valley Fire Protection Dist Client/Matter No.: FA005 00004

February 29, 2024 Invoice 262092 Page 2

							- 1802		
	y		Fees						
<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	Hours	Amount					
02/24/24	NTJ	CALL WITH THE VALDI LEGAL RESEARCH RE F	1.90	807.50					
02/25/24	NTJ	CALL WITH THE VALDE		0.10	42.50				
02/26/24	NTJ	REVIEW FINAL SETTLE CALL WITH DISTRICT R	FOR	0.20	85.00				
02/28/24	NTJ	REVIEW DRAFT SETTLEMENT AGREEMENT AND CALL WITH JOHN KENNY RE SAME AND NEGOTIATION HISTORY, AND E-MAIL KENNY SAME.							
02/29/24	NTJ	CALL WITH NORMAN V CORRESPONDENCE WIT	ND	0.10	42.50				
					Total Fe	ees	4,122.50		
			Fee Recap						
Timekeepe JACK W. F NATHAN	TUGHES	ON	PARTNER PARTNER	Hours 0.30 9.40 9.70	Rate 425.00 425.00		Amount \$127.50 \$3,995.00 \$4,122.50		
			Accounts Receiva	ble					
0-3	30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Da	ays	Total Due		
\$5	,790.07	\$3,451.50	\$3,451.50 \$0.00 \$0.			.00	\$9,241.57		

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

> Invoice 262092 February 29, 2024

Client/Matter No.: FA005-00004 Re: Valdez Brown Act Litigation

Billing Summary

Total Fees
Total Costs
Total Charges

\$4,122.50 \$0.00 \$4,122.50



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID: VEND003554

ADDR TYPE

(AP,A1,A2,):

01

INV #: 264345

INV DATE: 03/31/24

AMOUNT	COST	ACCT	PRO.	STATE OF THE PARTY		DESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099	
425.00	00447	034800			PRO	FESSIONAL SVS	FA005-00003	MH	PTII
							171005 00005		
\$425.00	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inve	from	
PO/ CONTRACT/ BLANKET PO #							6033 W CENTURY BLVD	olce)	
	PARTIAL	FULL					SSSS W CENTON BEVD		
	1	1					5TH FLOOR		
For Value Received, I assign, transfer, and	hereby sel set over to	l,		1			LOS ANGELES, CA 90045		
title and interest in the	a	II my right.		AUDIT		DISTRI	ICT USE ONLY		
Signed	o within the	······		USE ON		APPROVED BY: BOARD MEMBER	DATE		
INSTRUCTIONS:		7100 - 3 T		I hereby c	bove	BOARD MEMBER	DATE		
1. Complete, date and s	sign form.			claim was examined and approved by this office.		BOARD MEMBER	DATE		
Obtain Department H Districts obtain board									
4. Attach supporting doc	cumentation			By Depu	ıtv	BOARD MEMBER	DATE		
	Forward to County Auditor-Controller.			County Auditor USER ID		BOARD MEMBER DA		ſĒ	
The undersigned, under the above claim and the	items as the	erein cot our				I hereby certify, under penalty of perju	l ury, that I have not violated any	of the	
been paid, and that the	een paid, and that the amount herein is justly due this			DATE		provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for	or services enecified in the above	l-t	
claimant , and that the sa year after the last item th	ame is prese nereof has a	ented within ccrued.	one			necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	or the purpose indicated above; ed or performed as stated here	that the on excep	ot as
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

> Invoice 264345 March 31, 2024

Client/Matter No.: FA005-00003 Re: Fire Chief Advice & Counsel

For Professional Services Rendered Through March 31, 2024

BILLING SUMMARY

Total Fees Total Charges

\$425.00 \$425.00

		Fees		
<u>Date</u>	Tkpr	<u>Narrative</u>	Hours	Amount
03/08/24	JWH	TELEPHONE CONFERENCE WITH FIRE CHIEF GOMES REGARDING RECOVERY OF DISTRICT PROPERTY FROM VOLUNTEER ASSOCIATION MEMBERS AND DATA NECESSARY TO RESOLVE QUESTIONS ABOUT OLDSON'S STIPEND CHECKS.	0.50	212.50
03/08/24	JWH	DRAFT CORRESPONDENCE TO CHIEF GOMES REGARDING OLDSON INQUIRIES ABOUT STIPEND CHECKS.	0.10	42.50
03/12/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE REGARDING POSSIBLE STAFF TURNOVER AT THE DISTRICT.	0.10	42.50
03/12/24	JWH	REVIEW FOLLOW-UP CORRESPONDENCE REGARDING FALL RIVER STAFFING AND ONGOING NEW ALLEGATIONS FROM VALDEZ.	0.10	42.50
03/22/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM JODY MORGAN REGARDING TWO OUTSTANDING CHECKS FOR OLDSON.	0.10	42.50
03/28/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM BOTH THE FIRE CHIEF AND JODY MORGAN REGARDING CHECKS FOR MR. OLDSON, A RESTRAINING ORDER AGAINST MR. VALDEZ AND OTHER DEVELOPMENTS AT THE DISTRICT.	0.10	42.50
		Total	Fees	425.00

Fee Recap

Timekeeper Hours Rate Amount

Liebert	Cassidy	Whitmore
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Glient/Matter No.: FA005	tection Dist				March 31, 2024 Invoice 264345 Page 2
		Fee Recap			
Timekeeper JACK W. HUGHES	Р	ARTNER	Hours 1.00 1.00	<u>Rate</u> 425.00	Amount \$425.00 \$425.00
		Accounts Receiva	ible		
0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Due
\$425.00	\$127.50	\$0.00	\$170.00	00.02	\$722.50

\$0.00

\$170.00

\$0.00

\$722.50

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th Floor Los Angeles, CA 90045 310-981-2000 Fed. Tax I.D. #95-3658973

Attorney - Client Privilege

Fall River Valley Fire Protection District Jody Morgan Chief Financial Officer jmorgan6273@yahoo.com

Client/Matter No.: FA005-00003 Re: Fire Chief Advice & Counsel

Billing Summary

Total Fees Total Costs Total Charges

\$425.00 \$0.00 \$425.00

Invoice 264345 March 31, 2024



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID: VEND003554

ADDR TYPE

(AP,A1,A2,):

01

INV #: 60137355

INV DATE: 03/15/24

AMOUNT	COST	ACCT	PROJ CODE			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
402.22	2011						SECONDART REF	NC RE MH	PU AT
193.23	00447	034800			PROF	ESSIONAL SVS	FA005-00004		
1									
\$193.23	TOTAL			EXPLANA	NOITA	(TEXT)	ADDRESS: (If different remittance advice or if no inv	t from oice)	
PO/ CONTRACT/ BLANKET PO #							400 Capitol Mall Suite		
	PARTIAL	FULL					Sacramento, CA. 95814		
For Value Received, I assign, transfer, and	hereby sel	l,					ATTN: JILL ANN KEEHN	IEN	
itle and interest in th	8	all my right.		AUDIT		DISTRI APPROVED BY:	CT USE ONLY		
Signed				I hereby c	ertify	BOARD MEMBER	DAT	E	
NSTRUCTIONS:				that the a claim w examined	as	BOARD MEMBER	DAT	ATE	
. Complete, date and :	lead signatu			approved b	by this		DATI		
B. Districts obtain boardAttach supporting doForward to County A	cumentation	١.		By Dept	uty	BOARD MEMBER	DATE		
he undersigned, under	e undersigned, under penalty of perjury, states that			County Au USER I	D	BOARD MEMBER	DATE		
ne above claim and the rue and correct; that no een paid, and that the laimant, and that the s ear after the last item t	e items as the part thereo amount here ame is pres	erein set ou of has hereto ein is justly of ented within	t are fore	DATE		I hereby certify, under penalty of perj provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One of or services specified in the about the purpose indicated about	the Calif. ve claim	were
LAIMANT IGNATURE						AUTHORIZED SIGNATURE			
ATE						DATE			



FA005.004

INVOICE

Invoice No.	Customer No
60137355	86786
Invoice Date	Total Due
3/ 15/ 24	193. 23

Liebert Cassidy Whitmore Attn: JillAnn Keehnen 400 Capitol Mall Suite 1260 Sacramento, CA 95814

BILLING PAYMENT QUESTIONS CLIENT CARE (877) 350-8698

				Customer No.	Invoice No.	Period Ending	Amount Due	Pg			Will reliable remotes the real
Date	Ordr No.	Svc	distribution of the second	86786	60137355	3/ 15/ 24	193. 23	1			
08/24	16150538	BFX	liebert Co	eeldu Mitarri	Service					Charges	Total
NG BRNC	H PDF RUSH		Caller: Am	ssidy Whitmore I Mail DCA 95814 ber Guzman 29 VALDEZ V FALL RWIRETURN RUSH	Wait: 26 Mi	SHASTA CO SUPER 1500 COURT STRE REDDI NG 1 FI RE	OR CT-REDDING ET CA 96001-1686	vert	Chg : Chg :	157. 00 22. 10 14. 13	193. 23
			Phone: 91 Si gned: Fi	RUSH 6 584-7000 I ed/ Recei ved		Ref: TBD					
		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
		000000000000000000000000000000000000000									
		6 6 6 6 6 6 7 7 7 7 7									
		8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9									
										Total	193. 23

INVOICE PAYMENT DUE UPON RECEIPT



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

INV #:

LIEBERT CASSIDY WHITMORE

PEID: VEND003554

60137354

ADDR TYPE

(AP,A1,A2,):

01

03/15/24 INV DATE:

AMOUNT	COST	ACCT	PROJ	SEC RESIDENCE CONTRACTOR SOLUTION	DESCRIPTION (30 CHAR)	VENDOR ACCT #	R1 1099	R2 CH
100					THE CONTRACT OF THE CONTRACT O	SECONDARY REF	NC RE MH	PU AT PT ID
123.57	123.57 00447 034800			P	ROFESSIONAL SVS	FA005-00004		
	TOTAL			EXPLANATI	ON (TEXT)	ADDRESS: (If different remittance advice or if no inv	t from	
PO/ CONTRACT/ BLANKET PO #						ATTN: JILL ANN KEEHE		
	PARTIAL	FULL				400 Capitol Mall Suite	#1260	
For Value Received, I assign, transfer, and	set over to					Sacramento, CA. 95814		
title and interest in th	e within cla	ll my right, im.		AUDITOR USE ONL	APPROVED BY:	ICT USE ONLY		
Signed				I hereby cert	TO STATE OF THE PARTY OF THE PA	DAT		
NSTRUCTIONS:				that the above		DATI	E	
Complete, date and s Obtain Department F	lead signatu	ıre.		examined an approved by t office.		DATE		
B. Districts obtain boardAttach supporting doForward to County A	cumentation			By Deputy	BOARD MEMBER	DATE		
				County Audit USER ID	or BOARD MEMBER	DATE		
The undersigned, under the above claim and the rue and correct; that no een paid, and that the slaimant, and that the sear after the last item the	e items as the part thereof amount here ame is press	erein set ou f has hereto ein is justly o	are fore	<u>DATE</u>	I hereby certify, under penalty of periprovisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me farticles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One of the services specified in the about the purpose indicated above.	the Calif. ve claim	were
LAIMANT IGNATURE					AUTHORIZED SIGNATURE			
ATE					DATE			
						OH 16092	84	-



Liebert Cassidy Whitmore Attn: Jill Ann Keehnen 400 Capitol Mall Suite 1260 Sacramento, CA 95814

INVOICE

Invoice No.	Customer No
60137354	86786
Invoice Date	Total Due
3/ 15/ 24	123. 57
Walter Company	at Superior Superior

BI LLI NG/ PAYMENT QUESTI ONS CLI ENT CARE (877) 350-8698

				Customer No.	invoice No.	Period Ending	Amount Due	Pg			
Date	Ordr No.	Svc		86786	60137354	3/ 15/ 24	123. 57	1			
3/07/24		BFX	lighter C	and do lari	Service	Detail				Charges	Total
	H PDF SAME		400 Capito SACRAMENTO Caller: An 23CV-02026	ussidy Whitmore of Mail O CA 95814 noter Guzman 129 Fall River Vall ORW RETURN 6 584-7000 LED	Veit: 4 M	SHASTA CO SUPERI 1500 COURT STREE REDDING n	OR CT- REDDI NG ET CA 96001- 1686	Base Wait Fuel	Chg :	110. 25 3. 40 9. 92	123. 57
			Val dez v. DOCS: nt c FI LE/ CONFC Phone: 91 Si gned: FI	Fall River Vall RM RETURN 6 584-7000 LED	ey Fire Prot	Dist. Commi					
						Nel. PA005-004					

										Total	109 57
										·otal	123. 57

INVOICE PAYMENT DUE UPON RECEIPT



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

KENNY & NORINE

PEID:

VEND003256

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100393

INV DATE:

10/03/24

AMOUNT	COST	ACCT	PROJ CODE	AND RESIDENCE OF THE PARTY OF T	1000	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CH
475.00							SECONDART REF	NC RE MH	PU AT PT ID
175.00	00447	034800			PROF	FESSIONAL SVS	FILE # 9448		
50.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9448		
200.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9448		
100.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9448		
325.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9448		
\$850.00	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no invi	from	
For Value Received, I assign, transfer, and stitle and interest in the	set over to	ll my right.		AUDITO		DISTRI APPROVED BY:	REDDING, CA 96001		
Signed				I hereby co	ertify	BOARD MEMBER	DATE		
NSTRUCTIONS:				that the all	bove	BOARD MEMBER	DATE		-
. Complete, date and s . Obtain Department H	sign form. lead signatu	re.		examined approved b	and y this	BOARD MEMBER	DATE		\dashv
Districts obtain board	signatures.			office.		BOARD MEMBER	DATE		
Attach supporting doo Forward to County Au	cumentation	oller		By Depu			İ		
				County Auditor B		BOARD MEMBER	DATE		
he undersigned, under the above claim and the ue and correct; that no een paid, and that the a aimant, and that the sa ear after the last item th	part thereof amount here	erein set out has heretof in is justly d	are ore	DATE		I hereby certify, under penalty of perju provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been delivered otherwise indicated above by me.	re, Division Four, Title One of the services specified in the abover the number indicated above.	he Calif. (/e claim v	vere
AIMANT GNATURE						AUTHORIZED SIGNATURE			
ATE						DATE			

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Date:10/03/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT PO Box 670 McArthur, CA 96056

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100555

Billing Summary

Invoice Amount: \$850.00

Balance Due: \$850.00

Paid from \$850.00

Retainer on hand: \$(3932.60)

Balance Due: \$ - 0 -

\$3082.60

Make checks payable to KENNY & NORINE Please write the File# on your check

on hand:

Invoice # 100555

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:10/03/2024 Invoice #: 100555

Matter: Fall River Valley Fire Protection District

File #: 9393

Bill To:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO Box 670

McArthur, CA 96056

Due Date: 11/02/2024

Payments received after 10/03/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours		
09/11/2024	JSK	Call to Gomez re: election; telephone call with Oiler re: election of five Board Members and candidates' night	0.70	Rate \$250.00	Amount \$175.00
09/12/2024	JSK	Call from Fazio	0.00		
09/13/2024	JSK	Review letter from Valdez re: record request; email to	0.20	\$250.00	\$50.00
		Jody	0.80	\$250.00	\$200.00
09/20/2024	JSK	Consider letter from Valdez re: Public Comment Requirements; email to Jody re: Bylaws with sample	0.40	\$250.00	\$100.00
09/23/2024	JSK	Review and forward to Jody sample Bylaws; telephone call with Pat Oiler re: public's right to comment at Board Meetings	1.30	\$250.00	\$325.00
		For professional services rendered	3.40	-	\$850.00
		Invoice Amount			\$850.00
		Balance Due			\$850.00

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Date: 10/03/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT PO Box 670 McArthur, CA 96056

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100555

Billing Summary

Invoice Amount: \$850.00

Balance Due: \$850.00

Paid from \$850.00

Retainer on hand: \$(3932.60)

Balance Due: \$ - 0 -

\$3082.60

Make checks payable to KENNY & NORINE Please write the File# on your check

on hand:

Kenny & Norine 1923 Court Street

Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

man for the

Date:10/03/2024 Invoice #: 100555

Matter: Fall River Valley Fire Protection District

File #: 9393

Bill To:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO Box 670

McArthur, CA 96056

Due Date: 11/02/2024

Payments received after 10/03/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours		
09/11/2024	JSK	Call to Gomez re: election; telephone call with Oiler re: election of five Board Members and candidates' night	0.70	Rate \$250.00	Amount \$175.00
09/12/2024	JSK	Call from Fazio	0.20	\$250.00	A 50.00
09/13/2024	JSK	Review letter from Valdez re: record request; email to Jody	0.80	\$250.00	\$50.00 \$200.00
09/20/2024	JSK	Consider letter from Valdez re: Public Comment Requirements; email to Jody re: Bylaws with sample	0.40	\$250.00	\$100.00
09/23/2024	JSK	Review and forward to Jody sample Bylaws; telephone call with Pat Oiler re: public's right to comment at Board Meetings	1.30	\$250.00	\$325.00
		For professional services rendered	3.40	_	\$850.00
		Invoice Amount			\$850.00
		Balance Due			\$850.00



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

KENNY & NORINE

PEID:	VEND003256

ADDR TYPE (AP,A1,A2,):

01

INV #:

100764

12/06/24 INV DATE:

AMOUNT	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHI		
125.00	00447	034800			PROF	ESSIONAL SVS		MH	PTID		
75.00	00447	034800					FILE # 9570				
75.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9570				
\$200.00	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no investment)	from			
For Value Received, I assign, transfer, and title and interest in th	set over to	all my right.		AUDITO		DISTRI APPROVED BY:	REDDING, CA 96001 CT USE ONLY				
Signed				I hereby c		BOARD MEMBER	DATE				
NSTRUCTIONS:				that the al	as	BOARD MEMBER	DATE				
				examined approved by office.	y this	BOARD MEMBER	DATE				
. Attach supporting do	stricts obtain board signatures. tach supporting documentation.		n board signatures. ting documentation.				BOARD MEMBER By Deputy		DATE		
he undersigned under				County Au USER I		BOARD MEMBER	DATE				
The undersigned, under the above claim and the rue and correct; that no een paid, and that the laimant, and that the s ear after the last item th	e items as the part thereon amount here ame is pres	erein set out f has heretofe ein is justly de ented within	are ore	DATE		I hereby certify, under penalty of perjiprovisions of Article Four, Chapter Or code. Furthermore, that the articles on necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One of to or services specified in the about or the purpose indicated about	he Calif. ve claim	were		
LAIMANT IGNATURE						AUTHORIZED SIGNATURE					
ATE					1	DATE					

Kenny & Norine 1923 Court Street

Redding, CA 96001
Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:12/06/2024 Invoice #: 100764

Matter: FALL RIVER VALLEY FIRE PROTECTION DISTRICT, Norman Valdez vs (Hrly)

File #: 9570

Bill To:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO Box 670

McArthur, CA 96056

Due Date: 01/05/2025

Payments received after 12/06/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount	
11/18/2024	JSK	Receive and consider Norm Valdez's labor claim	0.50	\$250.00	\$125.00	
11/25/2024	JSK	Call from Assistant Fire Chief Booth re: Valdez Labor Commission complaint	0.30	\$250.00	\$75.00	
		For professional services rendered	0.80	-	\$200.00	
		Invoice Amount			\$200.00	
		Balance Due			\$200.00	

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Date:12/06/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT PO Box 670 McArthur, CA 96056

Re: FALL RIVER VALLEY FIRE PROTECTION DISTRICT, Norman Valdez vs (Hrly)

File#: 9570 Invoice#: 100764

Billing Summary

Invoice Amount:

\$200.00

Balance Due:

\$200.00

Make checks payable to KENNY & NORINE Please write the File# on your check



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

KENNY & NORINE

PEID: VEND003256

ADDR TYPE (AP,A1,A2,):

01

INV #:

100763

12/06/24 INV DATE:

AMOUNT	COST	ACCT	PROJ		DESCRIPTION (30 CHAR)		VENDOR ACCT # SECONDARY REF		R1 1099	R2 CH
300.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9393		МН	PTID
350.00	00447	034800				ESSIONAL SVS				
					TINO	ESSIGNAL SVS	FILE # 9393			
1										
\$650.00	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: remittance advice	(If differen	t from	
For Value Received, assign, transfer, and title and interest in tl	set over to	o all my right.		AUDIT(DISTRIAPPROVED BY:	REDDING, CA			
Signed				I hereby c		BOARD MEMBER		DATI	=	
NSTRUCTIONS:				that the a	bove	BOARD MEMBER		DATE		
. Complete, date and . Obtain Department	sign form. Head signatu	ıre.		examined approved b	y this	BOARD MEMBER		DATE		
. Districts obtain boar	d signatures.			office	•	BOARD MEMBER		DATE		
. Attach supporting do . Forward to County A	ocumentation Auditor-Contr	n. oller.		By Depu County Au USER I	ditor	BOARD MEMBER		DATE		
he undersigned, unden ne above claim and th ue and correct; that no een paid, and that the aimant, and that the s ear after the last item	e items as the part thereo amount here	erein set out f has heretof ein is justly d	are fore	DATE		I hereby certify, under penalty of perj provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	ne, Division Four, or services specific or the purpose indi	Title One of the directed above	the Calif.	were
			THE RESERVE OF THE PARTY OF	NAME OF TAXABLE PARTY.						
LAIMANT IGNATURE						AUTHORIZED SIGNATURE				

OH IMAGA EL

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:12/06/2024 Invoice #: 100763

Matter: Fall River Valley Fire Protection District

File #: 9393

Bill To:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO Box 670

McArthur, CA 96056

Due Date: 01/05/2025

Payments received after 12/06/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount
11/08/2024	JSK	Review email from Jody re: Brown Act issues; reply to issues raised; review Fire Protection District Law re: qualifications of elected Board Members	1.20	\$250.00	\$300.00
11/12/2024	JSK	Conference with Board Chairman re: Brown Act issues; review draft bylaws; research Board Qualifications; email to Jody	1.40	\$250.00	\$350.00
		For professional services rendered	2.60	_	\$650.00
		Invoice Amount			\$650.00
		Balance Due			\$650.00

1923 Court Street Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Date: 12/06/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT PO Box 670 McArthur, CA 96056

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100763

Billing Summary

Invoice Amount:	\$650.00
Balance Due:	\$650.00
Paid from	\$ 650.00
Retainer on hand: Balance Due:	\$(875.60) \$ - 0 -
Remaining retainer on hand:	\$ 207.60

Make checks payable to KENNY & NORINE Please write the File# on your check



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

COM-PAIR SERVICES

PEID: VEND001463

ADDR TYPE (AP,A1,A2,):

1,A2,): 01

INV #:

150967

INV DATE:

11/01/24

AMOUNT	COST	ACCT	PROJ		DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 C
111.70	00447	032500			NTERNET - ACCT #8533		МН	PT
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-
								_
						/		
\$111.70	TOTAL			EVDI ANATI	0N (TEVE)	4222		
PO/ CONTRACT/				EXPLANATI	ON (TEXT)	ADDRESS: (If different remittance advice or if no invo	from	
or Value Received, I ssign, transfer, and s tle and interest in the	set over to	ll my right		AUDITOR	DIGIR	ANDERSON, CA 96007-30	046	
igned	old old			USE ONL	APPROVED BY: BOARD MEMBER			
				I hereby cert that the above	fy	DATE		
ISTRUCTIONS:				claim was	The inclination	DATE		
Complete, date and s Obtain Department H	ign form. ead signatui	re.		examined an approved by t		DATE		
Districts obtain board Attach supporting doc	signatures.			office.	BOARD MEMBER	DATE		
Forward to County Au	ditor-Contro	oller.		By Deputy County Audit	or BOARD MEMBER			
le lindersigned under				USER ID	JOARD MEMBER	DATE		
e undersigned, under above claim and the e and correct; that no en paid, and that the a imant, and that the sa ar after the last item th	part thereof mount hereigne	erein set out has heretofo in is justly du	are ore	<u>DATE</u>	I hereby certify, under penalty of perjunctions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One of the services specified in the above	e Calif. (e claim w	vere
		The second second second second	The state of the s	THE RESERVE THE PERSON NAMED IN				
AIMANT					AUTHORIZED			
AIMANT GNATURE					AUTHORIZED SIGNATURE			

COM-PAIR SERVICES3365 EAST STREET STE C ANDERSON, CA 96007



Statement #

154812

Service Period

11-01-2024 to 11-30-2024

Statement Date

11-01-2024

Due Date

12-01-2024

Account Number

8533

MCARTHUR FPD

PO BOX 670 MCARTHUR, CA 96056

Charges	\$110.00
Taxes / Fees	\$0.00
Credits	(\$0.00)
Payments Applied	(\$0.00)
Previous Balance	\$1.70
Total due by 12-01-2024	\$111.70

Pay your bill online at https://portal.com-pair.net or call our office 530-348-3075

Please detach and return this portion with your payment Pay Online at https://portal.com-pair.net/ Statement # 154812



446 1 AB 0.593 2/79 000891 0001:0002

MCARTHUR FPD
PO BOX 670
MCARTHUR CA 96056-0670

Please make checks payable to Com-Pair Services

Due Date

12-01-2024

Amount Due

\$111.70

Amount Enclosed

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McArthur FPD (8533) 44283 Hwy 299E, McArthur, CA 96056

y ==== y, we will all all years	
Charges	
X2 Tier 1 - 12 Mbps Down 2 Mbps Up x 1	
Prior Unpaid Invoices	\$55.00
Invoice 150967 (10-01-2024)	
	\$1.70
Fall River Valley FPD (11429) <i>43155 California 299, Fall River Mills, CA 96028</i>	
Charges	
X2 Tier 1 - 12 Mbps Down 2 Mbps Up x 1	
Manufacture of the Control of the Co	\$55.00



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

COM-PAIR SERVICES

PEID:

VEND001463

ADDR TYPE

(AP,A1,A2,):

01

INV #:

160384

INV DATE:

12/01/24

AMOUNT	COST	ACCT	PROJ		- I	DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CH
				OODL			SECONDARY REF	NC RE	PU AT
111.70	00447	032500			INTER	RNET - ACCT #8533			
\$111.70	OTAL								
PO/ CONTRACT/	OTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inv	from pice)	
BLANKET PO#							3365 East St STE C		
	PARTIAL	FULL					ANDERSON, CA 96007-3	046	
For Value Received, I I assign, transfer, and s	hereby sell et over to	,							
title and interest in the	within cla	ll my right, im.		AUDITO USE ON		APPROVED BY:	CT USE ONLY		
Signed				I hereby ce	AND STREET, ST	BOARD MEMBER	DATE		
NSTRUCTIONS:				claim wa	as	BOARD MEMBER	DATE		
Complete, date and sign Obtain Department He	ead signatu	re.		approved by office.	y this	BOARD MEMBER	DATE		
3. Districts obtain board s 4. Attach supporting docu 5. Forward to County Aud	umentation			By Depu	ty	BOARD MEMBER	DATE		
				County Aug		BOARD MEMBER	DATE		
The undersigned, under phe above claim and the intrement and correct; that no preen paid, and that the allaimant, and that the salear after the last item the	tems as the part thereof mount here me is prese	erein set out has heretot in is justly d	are fore	DATE	r	hereby certify, under penalty of perju provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for inticles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One of the services specified in the above of the purpose indicated above.	he Calif. (/e claim v	vere
LAIMANT IGNATURE						UTHORIZED IGNATURE			
ATE					D	ATE			_

COM-PAIR SERVICES
3365 EAST STREET STE C
ANDERSON, CA 96007



Statement #

160384

Service Period

12-01-2024 to 12-31-2024

Statement Date

12-01-2024

Due Date

12-31-2024

Account Number

8533

MCARTHUR FPD

PO BOX 670 MCARTHUR, CA 96056

Charges	\$110.00	-
Taxes / Fees	\$0.00	,
Credits	(\$0.00)	
Payments Applied	(\$0.00)	
Previous Balance	\$111.73	
Total due by 12-31-2024	\$221.73	

Pay your bill online at https://portal.com-pair.net or call our office 530-348-3075

Please detach and return this portion with your payment Pay Online at https://portal.com-pair.net/
Statement # 160384



423 1 AB 0.593 2/56 000845 0001:0002

MCARTHUR FPD

PO BOX 670

MCARTHUR CA 96056-0670

առիսութիգիդիիկիկիիլուրիգիրդուսբիգիո

Please make checks payable to Com-Pair Services

Due Date

12-31-2024

Amount Due

\$221.73

Amount Enclosed

գիլիրերի թարարի արդական արդանական արդանական արդանական արդանական արդանական արդանական արդանական արդանական արդանա

COM-PAIR SERVICES 3365 EAST ST STE C ANDERSON CA 96007-3046



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

AT&T MOBILITY

PEID:

VENDOCO 379

ADDR TYPE

(AP,A1,A2,):

9102

INV #:

XF100124A

INV DATE:

10/01/24

AMOUNT	COST	ACCT	PROJ CODE		DI	ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099	R2 CHK
101.02	00447	032500			PHONE	E/INTERNET	287342390092	MH	PTID
					THORL	-7 HAT ERRET	287342390092		
							-		
	-			-					
		1							
\$101.02	TOTAL			EXPLANAT	TION (TEYT)	ADDRESS: (If differe	nt from	
PO/ CONTRACT/				-A LAIVA		(ILXI)	remittance advice or if no ir	voice)	
BLANKET PO#							PO BOX 6463		
	Section 1								
	PARTIAL	FULL					CAROL STREAM, IL 60	197-6463	3
For Value Received,	l hereby se	AND DESCRIPTION OF THE PERSON NAMED IN							
assign, transfer, and	set over to	0							
title and interest in t	he within cla	all my right aim.	,	AUDITO	STREET, STREET	APPROVED DV	ICT USE ONLY		
Signed						APPROVED BY: BOARD MEMBER	l DA	ΤΕ	
				I hereby cer that the abo	SECURE SECURE SECURE	BOARD MEMBER			
INSTRUCTIONS:	No. of Concession, Name of Street, or other Designation, Name of Street, Name		-	claim was	s	DOARD WEWBER	DA'	ΓE	
1. Complete, date and	sign form.			examined a approved by	TOTAL CONTRACTOR	BOARD MEMBER	DA.	ΓE	
 Obtain Department Districts obtain boar 				office.		BOARD MEMBER			
4. Attach supporting de	ocumentatio	n.		By Deputy		SOARD WILMBER	i DA	Œ	
5. Forward to County A	Auditor-Cont	roller.		County Audi	itor E	BOARD MEMBER	l DA1	E	
The undersigned, under	er penalty of	perjury, sta	tes that	USER ID	经是可以	hereby certify under penalty of mail			
rie above claim and th rue and correct; that n	e items as the	herein set or of has heret	ut are		F	hereby certify, under penalty of perjorovisions of Article Four, Chapter O	ne. Division Four Title One of	f the Calif	Gov.
een paid, and that the laimant , and that the	amount her	rein is justly	due this	DATE	AND SERVICE	code. Furthermore, that the articles necessary and were ordered by me f	or the purpose indicated above	a that the	_
ear after the last item	thereof has	accrued.	n one		d	articles or services have been deliver otherwise indicated above by me.	red or performed as stated he	reon exce	ept as
LAIMANT						UTUODIZED			
IGNATURE						AUTHORIZED SIGNATURE			
ATE						ATE			
					D	ATE			
						11411	MANTE		



FALL RIVER VALLEY FIRE DISTRICT 43155 STATE HIGHWAY 299 E FALL RIVER MILLS, CA 96028-9811

Page:

1 of 7

Issue Date:

Oct 01, 2024

Account Number:

287342390092

Foundation Account: 63306713 Invoice: 287342390

287342390092X10092024

AutoPay: Set up automatic payments that you can update whenever you want. Go to firstnetcentral.firstnet.com today.

Total due

\$370.59

Due immediately: \$269.57

Due Oct 24, 2024: \$101.02

Account summary		
Your last bill		\$269.57
Past due - please pay ii	mmediately	\$269.57
Service summary		
Wireless	Page 2	\$101.02
Total services - due Oct	24, 2024	\$101.02
Total due		\$370.59

Ways to pay and manage your account:







Invoice:

2 of 7

Issue Date:

Oct 01, 2024

Account Number:

287342390092

Foundation Account: 63306713

287342390092X10092024

Service activity

Wireless

Number	User	Page	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
530.336.5026	MCARTHUR VOLUNTEER FIRE DEPT.	3	\$44.99	\$4.03	\$1.49	\$50.51
530.336.6117	FALL RIVER VALLEY FIRE DISTRICT	5	\$44.99	\$4.03	\$1.49	\$50.51
Total			\$89.98	\$8.06	\$2.98	\$101.02



Total for 530.336.5026

Page:

3 of 7

Issue Date:

Oct 01, 2024

Account Number: Foundation Account: 63306713

287342390092

Invoice:

\$50.51

287342390092X10092024

...Wireless continued

Phone, 530.336.5026 MCARTHUR VOLUNTEER FIRE DEPT.

Mont	thly charges	Sep 02 - Oct 01	
1.	FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM		\$44.99
2.	Block Roaming Except 3PTs for FirstNet		\$0.00
3.	FirstNet Messaging		\$0.00
Com	pany fees & surcharges		
4.	Administrative Fee		\$1.99
5.	Federal Universal Service Charge		\$0.74
6.	Regulatory Cost Recovery Charge		\$1.25
7.	State Public Utility Surcharge		\$0.05
Gove	rnment fees & taxes		
8.	911/988 Surcharge		\$0.38
9.	CA Universal Svc PPP Srchg		\$0.36 \$1.11

U	S	ag	e	SI	um	m	ary	1

Talk	Used
Daytime minutes (unlimited)	71
Night & Weekend minutes (unlimited)	3
Data	Usea
FirstNet Mbl Unl Enhc Smp 4G LTE VVM (unlimited MB)	1
1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB	



Issue Date:
Account Number:

Oct 01, 2024 287342390092

4 of 7

Foundation Account: 63306713

Invoice:

287342390092X10092024



5 of 7

Issue Date:

Oct 01, 2024

Account Number: Foundation Account: 63306713

287342390092

Invoice:

287342390092X10092024

...Wireless continued

Phone, 530.336.6117

336.6117	\$50.51
al Svc PPP Srchg	\$1.11
rcharge	\$0.38
s & taxes	
c Utility Surcharge	\$0.05
Cost Recovery Charge	\$1.25
versal Service Charge	\$0.74
ive Fee	\$1.99
k surcharges	
essaging	\$0.00
	\$0.00
	\$44.9
30p 02 30t 0	1
	Sep 02 - Oct 0 Ol Unl Enhc Smartphone 4G LTE VVM ming Except 3PTs for FirstNet

J	sage	summary	ide	1632
				C NEW JO
	E 300	100		1

Talk Used FirstNet Mbl Unl Enhc Smartphone 36 4G LTE VVM (unlimited)



6 of 7

Issue Date:

Oct 01, 2024

Account Number:

287342390092

Foundation Account: 63306713

Invoice:

287342390092X10092024



News you can use

FirstNet Social Media

YouTube: youtube.com/firstnet

LinkedIn: linkedin.com/showcase/firstnet

Twitter: twitter.com/firstnet Facebook: facebook.com/firstnet

Important information

Late payment charge

Late payment charges for Corporate Responsibility User (CRU) accounts are applied according to applicable contracts.

Electronic check conversion

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to \$30. Returned checks may be presented electronically.

Company fees & surcharges

AT&T imposes additional charges on a per line basis, including federal and state universal service charges, an Administrative Fee (to defray certain expenses including charges AT&T or its agents pay to interconnect with other carriers to deliver calls from AT&T customers to their customers, and charges associated with cell site rents and maintenance), a Regulatory Cost Recovery Charge (to recover costs of compliance with certain government imposed regulatory requirements, including Wireless Number Portability and Number Pooling, and E911), and a Property Tax Allotment surcharge applied per Corporate Responsibility User's assigned number. These fees are not taxes or charges that the government requires AT&T to collect from its customers. See att.com/mobilityfees for details.

AT&T Mobility Center for customers with disabilities

Questions on accessibility by persons with disabilities: 866.241.6568.

Wireless DirectBill charges

Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID

AT&T Mobility Tax ID 84-1659970

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Page:

7 of 7

Issue Date:

Account Number:

Oct 01, 2024 287342390092

Foundation Account: 63306713

Invoice:

287342390092X10092024



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

AT&T MOBILITY

PEID: VENDOCOSTO

ADDR TYPE (AP,A1,A2,):

0102

INV #:

XF110124A

INV DATE: 11/01/24

AMOUNT	AMOUNT COST ACCT PROJ ACTY DESCRIPTION (30 CHAR) CNTR CODE CODE		VENDOR ACCT # SECONDARY REF	R1 1099 R2 CHK				
		001	T GODE		10年,李二连,第一连	OLOGRIDARI REF	NC RE MH	PU AT PT ID
101.02	00447	032500		PHON	IE/INTERNET	287342390092		
				+			-	
<u> </u>								
\$101.02	TOTAL		EXPLAN	ATION	(TEXT)	ADDRESS: (If differen		100
PO/ CONTRACT/						remittance advice or if no in	voice)	
BLANKET PO#						PO BOX 6463		
	PARTIAL	FULL				CAROL STREAM, IL 60	197-646	3
For Volue Deseived		√						
For Value Received, assign, transfer, and	set over to	ell, o						
		all my right,	AUDIT	TOR	DISTR	RICT USE ONLY		
title and interest in th	ne within cl	aim.	USE O	NLY	APPROVED BY:			
Signed			I hereby	certify	BOARD MEMBER	DAT	ſΕ	
			that the	above	BOARD MEMBER	DAT	ΓE	
INSTRUCTIONS:			claim examine			i		
Complete, date and Obtain Department	sign form.	huma	approved		BOARD MEMBER	j DA1	E	
Districts obtain boar			offic	e.	BOARD MEMBER			
 Attach supporting do 	ocumentatio	n.	By Der	outv	DOARD MEMBER	DAT	E	
5. Forward to County A	Auditor-Cont	troller.		nty Auditor BOARD MEMBER		DATE		
The undersigned under			USER	ID		i		
The undersigned, under the above claim and the	e items as the	herein set out are			I hereby certify, under penalty of per provisions of Article Four, Chapter C	rjury, that I have not violated a	ny of the	
true and correct; that n been paid, and that the	o part there	of has heretofore	DAT	_	code. Furthermore, that the articles	or services specified in the ab	ove claim	Were
claimant , and that the year after the last item	same is pre-	sented within one	s <u>DAT</u>	5	necessary and were ordered by me articles or services have been delive	for the purpose indicated above ered or performed as stated he	e; that the	e ent as
year after the last item	thereof has	accrued.			otherwise indicated above by me.		· com cxo	opt do
CLAIMANT					AUTHORIZED			
SIGNATURE					SIGNATURE			
DATE					DATE			
					2.15			
					()4 10	015050		



FALL RIVER VALLEY FIRE DISTRICT 43155 STATE HIGHWAY 299 E FALL RIVER MILLS, CA 96028-9811

Page:

1 of 7

Issue Date: Account Number: Nov 01, 2024 287342390092

Foundation Account: 63306713

Invoice:

287342390092X11092024

AutoPay: Set up automatic payments that you can update whenever you want. Go to firstnetcentral.firstnet.com today.

Total due

\$471.61

Due immediately: \$370.59

Due Nov 24, 2024: \$101.02

Account summary		
Your last bill	\$370.59	
Past due - please pay immediately		\$370.59
Service summary		
Wireless	Page 2	\$101.02
Total services - due No	ov 24, 2024	\$101.02
Total due		\$471.61

Ways to pay and manage your account:







2 of 7

Issue Date:

Nov 01, 2024

Account Number:

287342390092

Foundation Account: 63306713

Invoice:

287342390092X11092024

Service activity

Mirologo	
 Wireless	

Number	User	Page	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
530.336.5026	MCARTHUR VOLUNTEER FIRE DEPT.	3	\$44.99	\$4.03	\$1.49	\$50.51
530.336.6117	FALL RIVER VALLEY FIRE DISTRICT	5	\$44.99	\$4.03	\$1.49	\$50.51
Total			\$89.98	\$8.06	\$2.98	\$101.02



3 of 7

Issue Date:

Nov 01, 2024

Account Number:

287342390092

Invoice:

Foundation Account: 63306713

287342390092X11092024

...Wireless continued

Phone, 530.336.5026
MCARTHUR VOLUNTEER FIRE DEPT.

Γotal	for 530.336.5026	\$50.51
9.	CA Universal Svc PPP Srchg	\$1.11
8.	911/988 Surcharge	\$0.38
	rnment fees & taxes	
7.	State Public Utility Surcharge	\$0.0
6.	Regulatory Cost Recovery Charge	\$1.25
5.	Federal Universal Service Charge	\$0.7
4.	Administrative Fee	\$1.9
Comp	pany fees & surcharges	
3.	FirstNet Messaging	\$0.0
2.	Block Roaming Except 3PTs for FirstNet	\$0.0
1.	FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM	\$44.9
Mont	hly charges Oct 02 - Nov 01	
	MOARTHOR VOLONTEER FIRE DEPT.	

Usage	summary
	January

Talk	Used
Daytime minutes (unlimited)	48
Night & Weekend minutes (unlimited)	18



4 of 7

Issue Date:

Nov 01, 2024

Account Number:

287342390092

Foundation Account: 63306713

Invoice:

287342390092X11092024



5 of 7

Issue Date:

Nov 01, 2024

Account Number:

287342390092

Foundation Account: 63306713

Invoice:

287342390092X11092024

...Wireless continued

Phone, 530.336.6117

FALL RIVER VALLEY FIRE DISTRICT

Mont	hly charges	Oct 02 - Nov 01	
1.	FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM		\$44.99
2.	Block Roaming Except 3PTs for FirstNet		\$0.00
3.	FirstNet Messaging		\$0.00
Comp	pany fees & surcharges		
4.	Administrative Fee		\$1.99
5.	Federal Universal Service Charge		\$0.74
6.	Regulatory Cost Recovery Charge		\$1.25
7.	State Public Utility Surcharge		\$0.05
Gove	rnment fees & taxes		
8.	911/988 Surcharge		\$0.38
9.	CA Universal Svc PPP Srchg	\$1.11	
Γotal	for 530.336.6117		\$50.51

Usage summary

Talk	Used
Daytime minutes (unlimited)	10
Night & Weekend minutes (unlimited)	10



Page:

7 of 7

Issue Date:

Nov 01, 2024 287342390092

Account Number: Foundation Account: 63306713

Invoice:

287342390092X11092024

News you can use

FirstNet Social Media

YouTube: youtube.com/firstnet Linkedin: linkedin.com/showcase/firstnet

X: x.com/firstnet

Facebook: facebook.com/firstnet

Important information

Late payment charge

Late payment charges for Corporate Responsibility User (CRU) accounts are applied according to applicable contracts.

Electronic check conversion

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to \$30. Returned checks may be presented electronically.

Company fees & surcharges

AT&T imposes additional charges on a per line basis, including federal and state universal service charges, an Administrative Fee (to defray certain expenses including charges AT&T or its agents pay to interconnect with other carriers to deliver calls from AT&T customers to their customers, and charges associated with cell site rents and maintenance), a Regulatory Cost Recovery Charge (to recover costs of compliance with certain government imposed regulatory requirements, including Wireless Number Portability and Number Pooling, and E911), and a Property Tax Allotment surcharge applied per Corporate Responsibility User's assigned number. These fees are not taxes or charges that the government requires AT&T to collect from its customers. See att.com/mobilityfees for details.

AT&T Mobility Center for customers with disabilities

Questions on accessibility by persons with disabilities: 866.241.6568.

Wireless DirectBill charges

Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID

AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC. © 2024 AT&T Intellectual Property. FirstNet and the FirstNet logo are registered trademarks of the First Responder Network Authority. All other marks are the property of their respective owners.



Page:

6 of 7

Issue Date:

Nov 01, 2024 287342390092

Foundation Account: 63306713

Account Number:

Invoice:

287342390092X11092024



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT	NA	AME
----------	----	-----

PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF102824

INV DATE:

10/23/24

AMOUNT	COST	ACCT	PROJ	THE RESIDENCE OF THE PARTY OF T	DESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099	R2 CH
9.53	00447	036100		FI	ECTRIC 09/3024 - 10/28/24	9770//5/52 2	MH	PTID
					10/20/24	8770665653-2		
					I			
						1		
		V.						
	TOTAL			EXPLANATIO	ON (TEXT)	ADDRESS: (If different remittance advice or if no invo	from	
PO/ CONTRACT/ BLANKET PO #			HWY 299 & GR	OVE	PO BOX 997300			
						- C DOX 777500		-
	PARTIAL	FULL				SACRAMENTO, CA 95899	9-7300	
For Value Received, I	hereby sell	,						
ssign, transfer, and s	a	II my right.		AUDITOR	alcua	CT USE ONLY		
tle and interest in the	e within cla	im.		USE ONLY	APPROVED BY:	CT USE ONLY		
igned				I hereby certify	BOARD MEMBER	DATE		
ISTRUCTIONS:				that the above	- STATE MEMBER	DATE	DATE	
Complete, date and s Obtain Department H	sign form.			examined and approved by the		j DATE		
Districts obtain board	signatures.			office.	BOARD MEMBER			
Attach supporting doc Forward to County Au	cumentation.	llor		By Deputy		DATE		
				County Audito	BOARD MEMBER	DATE		
ne undersigned, under e above claim and the	items as the	rain cat out	oro		I hereby certify, under penalty of perju	ury, that I have not violated any	of the	\dashv
en paid, and that the a	part thereof	has heretof	fore	DATE	code. Furthermore, that the articles of	ne, Division Four, Title One of the services specified in the services.	ne Calif. (Gov. vere
aimant , and that the sa ar after the last item th	ame is prese	ented within	one		necessary and were ordered by me for articles or services have been deliver otherwise indicated above by me.	or the nurnose indicated chave	414 41	
AIMANT GNATURE					AUTHORIZED			
JAN IUKE					SIGNATURE			
TE								



Account No: 8770665653-

Statement Date:

11/27/202

Due Date:

12/16/202

Details of Electric Charges

10/29/2024 - 11/26/2024 (29 billing days)

Service For: CORNER HWY 299 AND GROVE

Service Agreement ID: 8778099417 Rate Schedule: B1 Bus Low Use

10/29/2024 - 11/26/2024

Customer Charge

days @ \$0.32854

\$9.53

Total Electric Charges

\$9.53

Rate Identification Number



USCA-PGPG-0600-0000

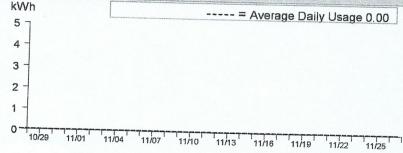
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

Meter #	1008668753
Total Usage	0.000000 kWh
Serial	0.000000 KVIII
Rotating Outage Block	50

Electric Usage This Period: 0.000000 kWh, 29 billing days



Usage **Energy Charges** Peak1 0.00% \$0.00 Part Peak² 0.00% \$0.00 Off Peak³ 0.00% \$0.00 Super Off Peak 0.00% \$0.00

Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm 4Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



Account No: 8770665653 Statement Date:

Due Date:

11/27/202

12/16/202

Service For:

FALL RIVER FIRE DISTRICT CORNER HWY 299 AND GROVE MCARTHUR, CA 96056

Questions about your bill?

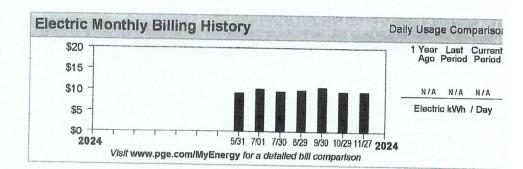
Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Your Account Summary

Total Amount Due by 12/16/2024	\$9.5	
Current Electric Charges	\$9.5	
Previous Unpaid Balance	\$0.0	
Payment(s) Received Since Last Statement	-9.5	
Amount Due on Previous Statement	\$9.5	



Important Messages

Your commercial electricity rate Your electricity usage is currently billed on a non-residential (commercial or industrial) rate. If this is incorrect, please call us at 1-800-468-4743.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

999087706656532000000953000000953



Account Number: 8770665653-2 12/16/2024

Due Date:

Total Amount Due:

\$9.53

Amount Enclosed:

842710140293 1 AB 0.593 790 10329 14

իվորություններին իրին այլուրի հայուրակին հերկուլ

FALL RIVER FIRE DISTRICT **PO BOX 670** MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



84271014010329002001R0



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

PG&E

PEID:

VEND004720

ADDR TYPE (AP,A1,A2,):

04

INV #:

XF100724A

INV DATE:

11/07/24

AMOUNT	COST	ACCT	PROJ		1	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	NC RE	R2 CHK
36.85	00447	036100			ELEC	TRIC 09/09/24 - 10/07/24	1460476444-0	MH	PTID
25.63	00447	036100			GAS (09/09/24 - 10/07/24	1460476444-0		
\$62.48	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in	nt from	
PO/ CONTRACT/ BLANKET PO # For Value Received,				MCARTHU	R MAIN	HALL 2	PO BOX 997300 SACRAMENTO, CA 9589	99-7300	
assign, transfer, and title and interest in th		all my right		AUDIT USE O		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby o	ertify	BOARD MEMBER	I DAT	ſΈ	
NSTRUCTIONS:				that the above claim was examined and approved by this office.		BOARD MEMBER	DAT	Έ	
1. Complete, date and 2. Obtain Department I	Head signate					BOARD MEMBER	DAT	E	
 Districts obtain board Attach supporting do 	cumentation	n.		By Dep		BOARD MEMBER	DAT	Έ	
5. Forward to County A				County Au	uditor	BOARD MEMBER	DAT	E	
The undersigned, unde the above claim and the rue and correct; that no been paid, and that the claimant, and that the rear after the last item to	e items as the part thereon amount her same is pres	nerein set ou of has hereto rein is justly sented within	ut are ofore	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One of or services specified in the ab for the purpose indicated above	the Calif.	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
ATE						DATE			



Account No: 1460476444-0

Statement Date:

11/07/2024

Due Date:

11/25/2024

Service For:

FALL RIVER FIRE DISTRICT HWY 299 SS 4TH E/MAIN MCARTHUR, CA 96056

Questions about your bill?

Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

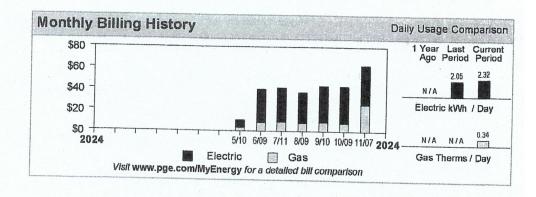
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement Payment(s) Received Since Last Statement	\$122.23
Previous Unpaid Balance	-85.40
Current Electric Charges	\$36.83 \$36.85
Current Gas Charges	25.63

Total Amount Due by 11/25/2024

\$99.31



Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

9990146047644400000062480000009931



Account Number: 1460476444-0 11/25/2024

Due Date:

Total Amount Due:

\$99.31

Amount Enclosed:

832690120301 2 AB 0.593 719 2158 15 արդիակարարագայարդականականություն

FALL RIVER FIRE DISTRICT PO BOX 670 MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



ACCOUNT NO: 1460476444-(

Statement Date:

11/07/2024

Due Date:

11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

Service For: HWY 299 SS 4TH E/MAIN Service Agreement ID: 1462921086 Rate Schedule: B1 Bus Low Use

10/08/2024 - 11/05/2024

Customer Charge	29	davs	@ \$0.32854	\$9.53
Energy Charges			@ \$0.0200 F	φθ.00
Peak			@ \$0.41924	5.66
Off Peak	53.675000	kWh	@ \$0.40312	21.64
Energy Commission Tax				0.02

Rate Identification Number



USCA-PGPG-0600-0000

www.pge.com/rin

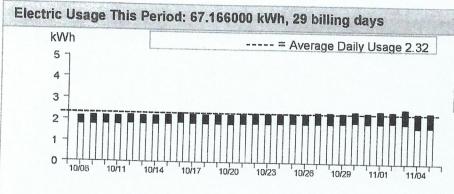
To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

\$36.85

Meter #	1009033324
Total Usage	67.166000 kWh
Serial	P
Rotating Outage Block	50

Total Electric Charges



Peak ¹	Usage 20.08%	Energy Charges \$5.66
Part Peak ²	0.00%	\$0.00
Off Peak ³	79.92%	\$21.64
Super Off Peak	0.00%	\$0.00

1Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm 4Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



ENERGY STATEMENT www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-(

Statement Date: 11/07/2024

Due Date: 11/25/2024

Your Electric Charges Breakdow	n (from page 2)
Generation	encontrates and American agreement to the American American American
Transmission	\$9.66
Distribution	2.10
Electric Public Purpose Programs	22.74
Nuclear Decommissioning	1.71
	-0.17
	0.38
	0.44
	-0.44
	0.35
Competition Transition Charges (CTC)	
Taxes and Other	생기가 되는 것 같아 있었다. 하는 사람들이 얼마를 보는 것이 되었다.
Total Electric Charges	
Wildfire Fund Charge Recovery Bond Charge Recovery Bond Credit Wildfire Hardening Charge Competition Transition Charges (CTC) Taxes and Other	0.3 0.4 -0.4



ACCOUNT NO: 14604/6444-0

Statement Date:

11/07/2024

Due Date:

11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

Service For: HWY 299 SS 4TH E/MAIN Service Agreement ID: 1462921086 Rate Schedule: B1 Bus Low Use

10/08/2024 - 11/05/2024

Customer Charge	29	days	@ \$0.32854	\$9.53
Energy Charges				
Peak	13.491000	kVVh	@ \$0.41924	5.66
Off Peak	53.675000	kWh	@ \$0.40312	21.64
Energy Commission Tax				0.02

Total Electric Charges \$36.85

Rate Identification Number



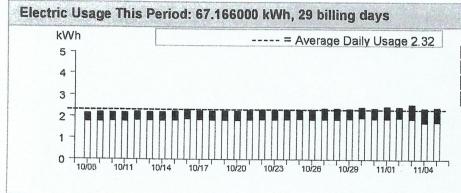
USCA-PGPG-0600-0000

www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

Meter #	1009033324
Total Usage	67.166000 kWh
Serial	P
Rotating Outage Block	50



Peak¹	Usage 20.08%	Energy Charges \$5.66
Part Peak ²	0.00%	\$0.00
Off Peak ³	79.92%	\$21.64
Super Off Peak ⁴	0.00%	\$0.00

Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and

9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm 4Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



ENERGY STATEMENT www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-(

Statement Date:

11/07/2024

Due Date: 11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

Service For: HWY 299 SS 4TH E/MAIN Service Agreement ID: 1462921086 Rate Schedule: B1 Bus Low Use

10/08/2024 - 11/05/2024

Total Electric Charges				\$36.85
				0.02
Energy Commission Tax	53.675000	kVVh	@ \$0.40312	21.64
Off Peak	13.491000		@ \$0.41924	5.66
Peak Peak	40 404000	1.100		
Energy Charges	29	uays	@ \$0.32854	\$9.53
Customer Charge	29	dove	G 00 00054	

Rate Identification Number



USCA-PGPG-0600-0000

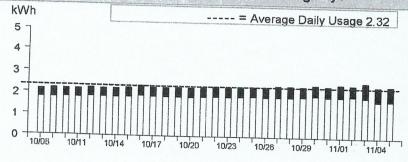
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

Meter #	400000000
	1009033324
Total Usage	67.166000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 67.166000 kWh, 29 billing days



Peak¹	Usage 20.08%	Energy Charges \$5.66
Part Peak ²	0.00%	\$0.00
Off Peak ³	79.92%	\$21.64
Super Off Peak	0.00%	\$0.00

1Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm ⁴Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



E



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

PG&E

PEID:

VEND004720

ADDR TYPE (AP,A1,A2,):

(A

04

INV #:

XF101024A

INV DATE:

11/12/24

AMOUNT	COST	ACCT	PROJ CODE	THE RESERVE OF THE PARTY OF THE		DESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099	R2 CI
91.76	00447	036100			ELEC	TRIC 9/12/24-10/10/24	3879934300-9	МН	PTI
							3077734300-9		
		,							
					×				
\$91.76	TOTAL			EVB! ANA					
D/ CONTRACT/	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inventor)	from pice)	
LANKET PO#				DAY RD HALL			PO BOX 997300		
	PARTIAL	FULL					SACRAMENTO, CA 95899-7300		
or Value Received, I	hereby sell	V						7-7300	
ssign, transfer, and s	set over to	ll my right,		AUDITO	20				
le and interest in the	within clai	im.		USE ON		APPROVED BY:	CT USE ONLY		
gned				I hereby ce		BOARD MEMBER	DATE		
STRUCTIONS:				that the ab	as	BOARD MEMBER	DATE		
Complete, date and s Obtain Department He	ign form. ead signatui	re.		examined approved by	y this	BOARD MEMBER	DATE		
Districts obtain board Attach supporting doc	signatures.			office.		BOARD MEMBER	DATE		
Forward to County Au	ditor-Contro	oller.		By Depu County Au	ditor	BOARD MEMBER	DATE		
e undersigned, under above claim and the	penalty of p	erjury, states	that	USER ID		I hereby certify, under penalty of perju	i Inv. that I have not violated any	of the	
e and correct; that no en paid, and that the a imant, and that the sa ar after the last item th	part thereof mount here ame is prese	has heretofor in is justly due	e this	DATE		provisions of Article Four, Chapter On code. Furthermore, that the articles on necessary and were ordered by me for articles or services have been delivered otherwise indicated above by me.	e, Division Four, Title One of the services specified in the abover the purpose indicated above.	ne Calif. (ve claim v	vere
AIMANT SNATURE						AUTHORIZED			
TE						SIGNATURE			
-					1	DATE			

Account No: 3879934300-

Statement Date:

Due Date:

11/12/202

12/02/202

Service For:

FALL RIVER FIRE DISTRICT 29277 DAY RD MCARTHUR, CA 96056

Questions about your bill?

Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

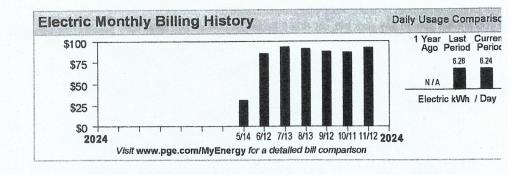
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement Payment(s) Received Since Last Statement	\$174.0 -174.0
Previous Unpaid Balance	\$0.0
Current Electric Charges	\$91.7



\$91.7



Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99903879934300900000091760000009176



Account Number: 3879934300-9 12/02/2024

Due Date:

Total Amount Due:

\$91.76

Amount Enclosed:

834160120256 2 AB 0.593 708 2121 14

FALL RIVER FIRE DISTRICT **PO BOX 670** MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



83416014002121002001T2



Account No: 3879934300-9

Statement Date:

11/12/2024

Due Date:

12/02/2024

Details of Electric Charges

10/11/2024 - 11/11/2024 (32 billing days)

Service For: 29277 DAY RD Service Agreement ID: 3873814130 Rate Schedule: B1 Bus Low Use

10/11/2024 - 11/11/2024

Customer Charge	32	davs	@ \$0.32854	\$10.51
Energy Charges		,-	G +0.0200 .	\$10.01
Peak	41.993000	kWh	@ \$0.41924	17.61
Off Peak	157.711000	kWh	@ \$0.40312	63.58
Energy Commission Tax				0.06

Total Electric Charges \$91.76

Rate Identification Number



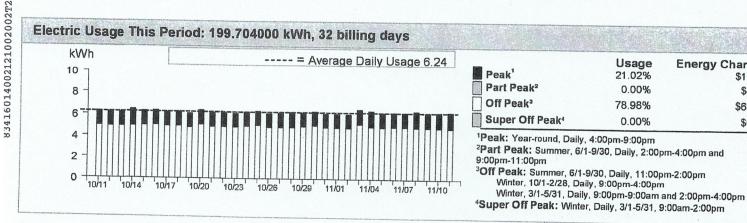
USCA-PGPG-0600-0000

www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

Meter #	1008669299
Total Usage	199.704000 kWh
Serial	s
Rotating Outage Block	50



0.00%

0.00%

Energy Charges

\$17.61

\$0.00

\$63.58

\$0.00

Account No: 3879934300-9

Statement Date: 11/12/2024

Due Date:

12/02/2024

Total Electric Charges	\$91.76
Taxes and Other	0.06
Competition Transition Charges (CTC)	0.19
Wildfire Hardening Charge	1.04
Recovery Bond Credit	-1.30
Recovery Bond Charge	1.30
Wildfire Fund Charge	1.12
Nuclear Decommissioning	-0.52
Electric Public Purpose Programs	5.09
Distribution	49.77
Transmission	6.25
Generation	\$28.76
Your Electric Charges Breakdown (from page	2)

会員では日本工業業業をおきません主義をするとう書きにはいての業業者と



STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

^						
C	LA	MIN	Α	NI	NA	ME

PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF102424A

INV DATE:

11/26/24

AMOUNT	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CH
249.57	00447	02//02					SECONDARY REF	NC RE MH	PU AT
	00447	036100			ELECTRIC 09/26/24 - 10/24/24		7137624533-9		
454.77	00447	036100			GAS	09/27/24 - 10/25/24	7137624533-9		
,									
\$704.34	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no invited in the control of the c	from	
For Value Received, I assign, transfer, and s	set over to			ELECTRIC {			PO BOX 997300 SACRAMENTO, CA 9589	9-7300	
title and interest in the	a within cla	ll my right, im.		AUDITO USE ON		APPROVED BY:	CT USE ONLY		
Signed				I hereby co		BOARD MEMBER BOARD MEMBER	DATE		
INSTRUCTIONS:				claim wa	as	BOARD MEMBER	DATE		
Complete, date and s Obtain Department H	lead signatu	re.		examined approved b office.	y this	BOARD MEMBER	DATE		
3. Districts obtain board 4. Attach supporting doc 5. Forward to County Au	cumentation.			By Depu	ity	BOARD MEMBER	DATE		
	Forward to County Auditor-Controller. e undersigned, under penalty of perjury, states that			County Auditor USER ID		BOARD MEMBER	DATE	DATE	
he above claim and the rue and correct; that no been paid, and that the a claimant, and that the safear after the last item the	part thereof amount here	erein set out has heretof in is justly d	are fore	DATE		I hereby certify, under penalty of perju provisions of Article Four, Chapter On code. Furthermore, that the articles o necessary and were ordered by me fo articles or services have been delivered otherwise indicated above by me.	e, Division Four, Title One of to r services specified in the about the purpose indicated about	he Calif. (/e claim v	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
ATE					ı	DATE			



Statement Date: 11/26/2024

Due Date:

12/13/2024

Service For:

FALL RIVER FIRE DISTRICT Please see details page.

Questions about your bill?

Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

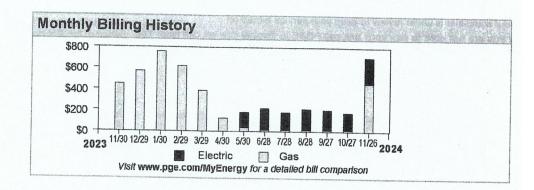
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement Payment(s) Received Since Last Statement	\$123.71 0.00
Previous Unpaid Balance	\$123.71
Current Electric Charges	\$249.57
Current Gas Charges	454.77

Total Amount Due by 12/13/2024

\$828.05



Important Messages

Your commercial electricity rate Your electricity usage is currently billed on a non-residential (commercial or industrial) rate. If this is incorrect, please call us at 1-800-468-4743.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

2 copies

99907137624533900000704340000082805



Account Number:

Due Date:

7137624533-9 12/13/2024

Total Amount Due:

\$828.05

Amount Enclosed:

841940132916 1 AB 0.593 746 9941 14

Աշվիցնիիվիցինկութեվիկինդիվորիկիկիկիկիկի

FALL RIVER FIRE DISTRICT **PO BOX 670** MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300





Statement Date:

Due Date:

11/26/2024

12/13/2024

Summary of your energy related services

Service For: 43155 MAIN ST	Meter Number	Usage	Amount
Service Agreement ID: 7137624005 FIRE HAL	L		
Gas Charges	36675078	223.000000 Therms	\$454.77
To	tal	The control of the co	\$454.77
Service For: 43155 MAIN ST			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	588.128000 kWh	\$249.57
To	tal		\$249.57





Statement Date: 11/26/2024

Due Date: 12/13/2024

Details of Gas Charges

10/26/2024 - 11/25/2024 (31 billing days)

Service For: 43155 MAIN ST

Service Agreement ID: 7137624005 FIRE HALL

Rate Schedule: GNR1 Gas Service to Small Commercial Customers

10/26/2024 - 10/31/2024

Customer Charge 6 days @ \$0.52106 \$3.13 Gas Charges First 4,000 Therms/month 43.161290 Therms @ \$1.61844 69.85 Gas PPP Surcharge (\$0.09693 /Therm) 4.18

11/01/2024 - 11/25/2024

Customer Charge @ \$0.52106 \$13.03 Gas Charges First 4,000 Therms/month 179.838710 Therms @ \$1.93029 347.14 Gas PPP Surcharge (\$0.09693 /Therm) 17.44

Total Gas Charges

\$454.77

Average Daily Usage (Therms / day)

Last Year	Last Period	Current Period
7.18	0.00	7.19

Service Information

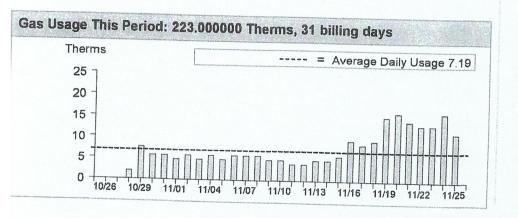
Meter #	36675078
Current Meter Reading	3,606
Prior Meter Reading	3,371
Difference	235
Multiplier	0.948000
Total Usage	223.000000 Therms
Serial	F

Gas Procurement Costs (\$/Therm)

10/26/2024 - 10/31/2024	\$0.31389
11/01/2024 - 11/25/2024	\$0.41219

Additional Messages

Customer Charge To help deliver safe, reliable and affordable gas service to your business, PG&E charges a customer fee which is based on your highest average daily gas usage within the past 12 months. For the billing period ending on 01/29/2024, your highest average daily gas usage was 10.7 therms.





Statement Date:

11/26/2024

Due Date: 12/13/2024

Details of Electric Charges

10/25/2024 - 11/24/2024 (31 billing days)

Service For: 43155 MAIN ST Service Agreement ID: 7134310997 Rate Schedule: B1 Bus Low Use

10/25/2024 - 11/24/2024

Customer Charge	31	days	@ \$0.32854	\$10.18
Energy Charges				
Peak	131.957600	kVVh	@ \$0.41924	55.32
Off Peak	456.170400	kWh	@ \$0.40312	183.89
Energy Commission Tax				0.18

Total Electric Charges

Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	12.93	18.97

Rate Identification Number



USCA-PGPG-0600-0000

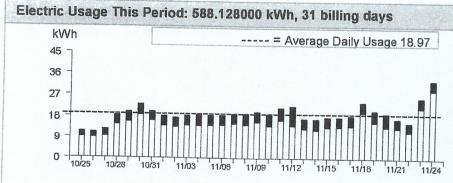
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

\$249.57

Meter #	1006709889
Total Usage	588.128000 kWh
Serial	F
Rotating Outage Block	50



 Peak¹
 Usage
 Energy Charges

 Part Peak²
 22.43%
 \$55.32

 Part Peak²
 0.00%
 \$0.00

 Off Peak³
 77.57%
 \$183.89

 Super Off Peak⁴
 0.00%
 \$0.00

Peak: Year-round, Daily, 4:00pm-9:00pm

Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-9

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm *Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



Statement Date:

11/26/2024

Due Date:

12/13/2024

Total Liectife Griarges	\$249.57
Total Electric Charges	0.18
Taxes and Other	-0.01
Energy Cost Recovery Amount	0.57
Competition Transition Charges (CTC)	3.05
Wildfire Hardening Charge	-3.82
Recovery Bond Credit	3.82
Recovery Bond Charge	
Wildfire Fund Charge	3.30
Nuclear Decommissioning	-1.52
Electric Public Purpose Programs	15.01
Distribution	125.82
Transmission	18.49
Generation	\$84.72
Your Electric Charges Breakdown (from page 2)	
Vous Electric Chause B	AND THE PROPERTY OF THE PARTY OF

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STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF102824A

INV DATE:

11/27/24

AMOUNT	COST	ACCT	PROJ	THE RESIDENCE OF THE PARTY OF T		DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHI
65.56	00447	036100			FLFC	CTRIC 09/30/24 -10/28/24		MH	PU AT PT ID
							6731296671-5		
\$65.56	TOTAL			EXPLANAT	TION	(TEXT)	ADDRESS: (If differen	nt from	
PO/ CONTRACT/ BLANKET PO #		MCARTHUR MAIN HALL 1		remittance advice or if no in	roice)				
	PARTIAL	FULL							
		1					SACRAMENTO, CA 9589	9-7300	
For Value Received, I l assign, transfer, and s	et over to								
title and interest in the	within clai	l my right, m.		AUDITO		DISTRI APPROVED BY:	CT USE ONLY		
Signed				I hereby cer	rtify	BOARD MEMBER	ļ DAT	E	
NSTRUCTIONS:				that the abo	S	BOARD MEMBER	DAT	E	-
. Complete, date and si . Obtain Department He	gn form. ead signatur	e.		examined a approved by		BOARD MEMBER	DAT		\dashv
. Districts obtain board s	signatures.			office.		BOARD MEMBER	DATI		_
. Forward to County Aud	ditor-Contro	ller.		By Deputy County Audi		BOARD MEMBER	DATE		
he undersigned, under place above claim and the i	penalty of pe	erjury, states t	hat	USER ID		hereby certify, under penalty of portion			
ue and correct; that no peen paid, and that the araimant, and that the sar	part thereof mount herei	has heretofore n is justly due		DATE		I hereby certify, under penalty of perju provisions of Article Four, Chapter On code. Furthermore, that the articles o necessary and were ordered by me fo articles or services have been delivere otherwise indicated above by me.	e, Division Four, Title One of r services specified in the abo	the Calif. (ve claim w	/ere
LAIMANT GNATURE					-	AUTHORIZED			
ATE					8	SIGNATURE			
						DATE			

ENERGY STATEMENT

PFGE www.pge.com/MyEnergy

Account No: 6731296671-

Statement Date:

11/27/202

Due Date:

12/16/202

Service For:

FALL RIVER FIRE DISTRICT HWY 299 SS E/MAIN 250 FT MCARTHUR, CA 96056

Questions about your bill?

Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

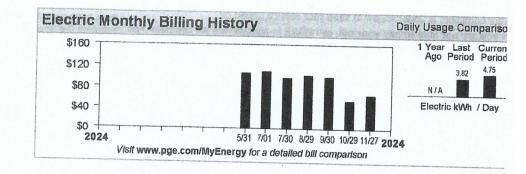
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement Payment(s) Received Since Last Statement	\$54.7 -54.7
Previous Unpaid Balance	\$0.0
Current Electric Charges	\$65.5

Total Amount Due by 12/16/2024

\$65.5



Important Messages

Your commercial electricity rate Your electricity usage is currently billed on a non-residential (commercial or industrial) rate. If this is incorrect, please call us at 1-800-468-4743.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99906731296671500000065560000006556



Account Number:

Due Date:

6731296671-5 12/16/2024

Total Amount Due:

\$65.56

Amount Enclosed:



842710140292 1 AB 0.593 790 10328 14

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FALL RIVER FIRE DISTRICT PO BOX 670 MCARTHUR CA 96056-0670 PG&E BOX 997300 SACRAMENTO, CA 95899-7300



84271014010328002001R0



Account No: 6731296671

Statement Date:

11/27/20:

Due Date:

12/16/20:

Details of Electric Charges

10/29/2024 - 11/26/2024 (29 billing days)

Service For: HWY 299 SS E/MAIN Service Agreement ID: 6731235533 Rate Schedule: B1 Bus Low Use

10/29/2024 - 11/26/2024

Customer Charge	29	dave	@ #0 ppg=4	
Energy Charges	23	uays	@ \$0.32854	\$9.53
Peak Off Peak	28.205550 109.574790	kVVh kVVh	@ \$0.41924 @ \$0.40312	11.82 44.17
Energy Commission Tax Total Floatric Char				0.04

Total Electric Charges

\$65.56

Rate Identification Number



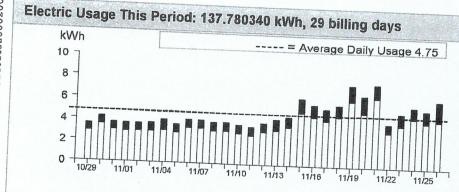
USCA-PGPG-0600-0000

www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

Meter #	
	1008668780
Total Usage	137.780340 kWI
Serial	TOTAL BOOK NOW
Potating Outer Di	· · · · · · · · · · · · · · · · · · ·
Rotating Outage Block	50



Usage **Energy Charges** Peak1 20.47% \$11.82 Part Peak² 0.00% \$0.00 Off Peak³ 79.53% \$44.17 Super Off Peak⁴ 0.00% \$0.00

¹Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm 4Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm





Account No: 6731296671-5

Statement Date:

11/27/2024

Due Date:

12/16/2024

Total Electric Charges	\$65.56
PANCES AND AND AND AND AND AND AND AND AND AND	0.04
Taxes and Other	0.14
Competition Transition Charges (CTC)	0.72
Wildfire Hardening Charge	-0.90
Recovery Bond Credit	0.90
Recovery Bond Charge	0.77
Wildfire Fund Charge	-0.38
Nuclear Decommissioning	3.52
Electric Public Purpose Programs	
Distribution	36.6
Transmission	4.3
Generation	\$19.7



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF102924

12/02/24 INV DATE:

			COD	DECEMBER OF STREET, ST	DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CH	
25.00	00447			JOBE		SECONDARY REF	NC RE MH	PU AT
25.88	00447	036100		EL	ECTRIC 10/30/24 - 12/01/24	0517883284-5		
				+ +				
\$25.88	TOTAL							
	OTAL			EXPLANATIO	N (TEXT)	ADDRESS: (If different remittance advice or if no inve	from	
PO/ CONTRACT/ BLANKET PO #				PITTVILLE HALI		PO BOX 997300	oice)	
-						FO BOX 997300		
	PARTIAL	FULL				SACRAMENTO, CA 95899	9-7300	
For Value Received, I I	nerehy sall	1						
assign, transfer, and s	et over to	1						
title and interest in the	al	l my right,		AUDITOR	DISTR	RICT USE ONLY		
	within Clar			USE ONLY	APPROVED BY: BOARD MEMBER			
Signed				I hereby certify	/	DATE		
NSTRUCTIONS:				that the above	BOARD MEMBER	DATE		
. Complete, date and si	gn form.			examined and				
2. Obtain Department He		e.		approved by thi office.	s	DATE		
B. Districts obtain board s Attach supporting docu	signatures.				BOARD MEMBER	DATE		
. Forward to County Aud	ditor-Contro	ller.		By Deputy County Auditor	BOARD MEMBER			
he undersioned				USER ID	BOARD MEMBER	DATE		
he undersigned, under p	tems as the	rain ant aut			I hereby certify, under penalty of per	jury, that I have not violated any	of the	
ic above ciaitti and the i	art thereof	has haratate			code. Furthermore, that the articles	one, Division Four, Title One of the	ne Calif. C	Gov.
ue and correct; that no n		ii is justiy at	ne this	DATE				
ue and correct; that no peen paid, and that the ar aimant, and that the ar	me is prese	nted within d			and the second s	red or performed as stated have		
ue and correct; that no peen paid, and the ar	me is prese	nted within o			articles or services have been delive otherwise indicated above by me.	red or performed as stated hered	on except	as
Le and correct; that no peen paid, and that the araimant, and that the sarear after the last item the	me is prese	nted within o			indicated above by file.		on except	as
Le and correct; that no peen paid, and that the araimant, and that the sarar after the last item the	me is prese	nted within decrued.			otherwise indicated above by me. AUTHORIZED SIGNATURE		on except	r as
ue and correct; that no peen paid, and the in een paid, and that the ar aimant, and that the sai	me is prese	nted within d			AUTHORIZED		on except	t as

ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5 Statement Date:

12/02/2024

Due Date:

12/19/2024

Service For:

FALL RIVER FIRE DISTRICT LITTLE VLY RD ES S/PIT RVR 100 YDS MCARTHUR, CA 96056

Questions about your bill?

Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

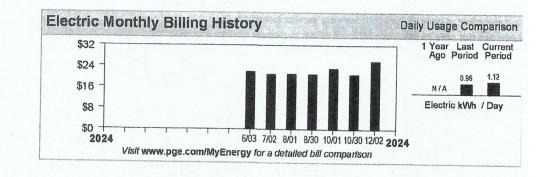
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement	\$20.86
Payment(s) Received Since Last Statement	-20.86
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$25.88

Total Amount Due by 12/19/2024

\$25.88



Important Messages

Your commercial electricity rate Your electricity usage is currently billed on a non-residential (commercial or industrial) rate. If this is incorrect, please call us at 1-800-468-4743.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

9990051788328450000025880000002588



Account Number:

Due Date:

0517883284-5 12/19/2024

Total Amount Due:

\$25.88

Amount Enclosed:



843660140106 1 AB 0.593 789 1643 16

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FALL RIVER FIRE DISTRICT **PO BOX 670** MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



84366U16UU1643U02U01R0

Account No: 0517883284-5

Statement Date:

12/02/2024

Due Date:

12/19/2024

Details of Electric Charges

10/30/2024 - 12/01/2024 (33 billing days)

Service For: LITTLE VLY RD ES Service Agreement ID: 0514929892 Rate Schedule: B1 Bus Low Use

Total Electric Charges

10/30/2024 - 12/01/2024

Customer Charge	33	days	@ \$0.32854	\$10.84
Energy Charges				
Peak	8.641000	kVVh	@ \$0.41924	3.62
Off Peak			@ \$0.40312	11.41
Energy Commission Tax				0.01

Rate Identification Number



USCA-PGPG-0600-0000

www.pge.com/rin

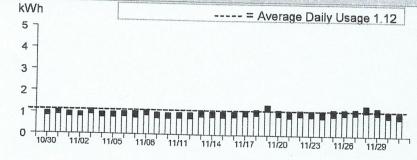
To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

\$25.88

Meter #	1008682001
Total Usage	36.955000 kWh
Serial	J
Rotating Outage Block	50

Electric Usage This Period: 36.955000 kWh, 33 billing days



Peak¹	Usage 23.38%	Energy Charges \$3.62
Part Peak ²	0.00%	\$0.00
Off Peak ³	76.62%	\$11.41
Super Off Peak ⁴	0.00%	\$0.00

¹Peak: Year-round, Daily, 4:00pm-9:00pm

²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm

Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



Account No: 0517883284-5

Statement Date: 12/02/2024

Due Date: 12/19/2024

Total Electric Charges	\$25.88
Taxes and Other	0.01
Competition Transition Charges (CTC)	0.04
Wildfire Hardening Charge	0.19
Recovery Bond Credit	-0.24
Recovery Bond Charge	0.24
Wildfire Fund Charge	0.21
Nuclear Decommissioning	-0.09
Electric Public Purpose Programs	0.94
Distribution	18.11
Transmission	1.15
Generation	\$5.32
Your Electric Charges Breakdown (from page	2)
THE RESERVE OF THE PROPERTY OF	A SANSA ATTACA NO. MANAGEMENT AND ADDRESS OF THE PARTY OF

Statement Date:

11/26/2024

Due Date:

12/13/2024

Service For:

FALL RIVER FIRE DISTRICT Please see details page.

Questions about your bill?

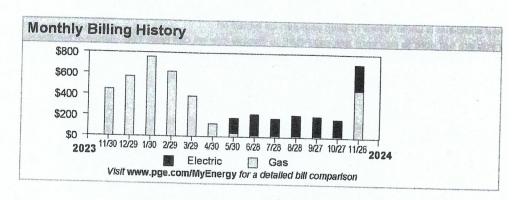
Business Specialist available: Mon-Fri: 7am to 6pm 1-800-468-4743 www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Your Account Summary

otal Amount Due by 12/13/2024	\$828.05
urrent Electric Charges urrent Gas Charges	\$249.57 454.77
revious Unpaid Balance	\$123.71
Amount Due on Previous Statement Payment(s) Received Since Last Statement	\$123.71 0.00



Important Messages

Your commercial electricity rate Your electricity usage is currently billed on a non-residential (commercial or industrial) rate. If this is

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

2 copies

99907137624533900000704340000082805



Account Number:

Due Date:

7137624533-9 12/13/2024

Total Amount Due:

\$828.05

Amount Enclosed:

841940132916 1 AB 0.593 746 9941 14

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FALL RIVER FIRE DISTRICT **PO BOX 670** MCARTHUR CA 96056-0670

PG&E BOX 997300 SACRAMENTO, CA 95899-7300





Statement Date: 11/26/2024

Due Date:

12/13/2024

Summary of	your energy	related	services

Service For: 43155 MAIN ST	Meter Number	Usage	Amount
Service Agreement ID: 7137624005 FIRE HA	ALL		
Gas Charges	36675078	223.000000 Therms	\$454.77
1	otal	and the contraction of the contraction of the second of the second operation of the contraction of the contr	\$454.77
Service For: 43155 MAIN ST			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	588.128000 kWh	\$249.57
	otal		\$249.57





STATE OF CALIFORNIA **AUTHORIZATION FOR** RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017 ADDR TYPE

01 (AP,A1,A2,):

INV #:

307607

INV DATE:

10/31/24

AMOUNT	COST	ACCT	PROJ CODE	DE CODE			VENDOR ACCT # SECONDARY REF	R1 1099	R2 GH
84.56	00447	035900			40 /	AP	A STATE OF THE STA	MH	PTI
67.46	67.46 00447 035900					ALL PRODUCT	130043		
							130043		
	¥								
\$152.02	TOTAL			EXPLANA	TION	I (TEXT)	ADDRESS: (If different	from	
For Value Received, I assign, transfer, and s	set over to	ll my right		AUDITO		DISTRI	CT USE ONLY		
Signed				I hereby ce		APPROVED BY: BOARD MEMBER	DATE		
INSTRUCTIONS:				that the ab	oove	BOARD MEMBER	DATE		
Complete, date and si Obtain Department He Districts obtain beauty	ead signatui	e.	a	examined approved by office.	y this		DATE		
Districts obtain board Attach supporting doc Forward to County Au	umentation	ller.		By Depu		BOARD MEMBER	DATE		
The undersigned, under	penalty of p	eriup, etete	Albert	County Aud USER ID	2	BOARD MEMBER	DATE		
true and correct; that no peen paid, and that the a claimant, and that the sa year after the last item the	items as the part thereof mount here	rein set out has heretofo n is justly du	are ore	DATE		I hereby certify, under penalty of perju provisions of Article Four, Chapter On code. Furthermore, that the articles on necessary and were ordered by me fo articles or services have been delivered otherwise indicated above by me.	ie, Division Four, Title One of the services specified in the above the purpose in the services.	e Calif. (e claim w	vere
CLAIMANT SIGNATURE		The position of the company was				AUTHORIZED SIGNATURE			
DATE					ı	DATE			



(541) 887-8545

Account Number: 130043 Invoice Number: 307607

10/31/2024

Invoice Date: Invoice Total: \$152.02

Payment Due By: 11/10/24 **Discount Date:** 11/10/2024

Discount Amount: \$1.75

152 097584



McArthur Fire District PO Box 670 McArthur, CA 96056-0670 Remit To:

Ed Staub & Sons Petroleum

Page 1

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date Time Dri	- Ditt	Misc Entry	Odometer	Product	0			
Card: 70888631467674	0 AP				Quantity	Taxed	Price	Amount
Vehicle: 0				Previous Odometer: 0				
10/25/24 3:44p	FC-Fall River M, CA	0	0	UNL E10%	20.460	N	4.1332	84.56
Card: 70888631467677. Vehicle: 0	3 ALL PRODUCT			Subtotal Previous Odometer: 1	20.460			84.56
0/21/24 6:36p	FC-Fall River M, CA	0	1	CARBDSL	14.504	N	4.6517	67.46
GALLONS, AMOUNT	S AND TAXES BY STATE BY PRO	ODUCT		Subtotal	14.504			67.46

State	Product	Average	Total	Federal	State	Other	Sales	Total	Gals With	Cole W/O
	The second secon	Price	Amount	Tax	Tax	Tax	Tax	Gallons	State Tax	Gals W/O
	DIESEL #2 CARB (CA ONLY)	4.6511	67.46	0.00	7.00	0.10	7.00	and the contract of the contract of	THE RESERVE OF THE PARTY OF THE	State Tax
A	GASOLINE UNL REG ETH 10%	4.1329	84.56					14.50	14.50	0.0
A	State Total			0.15	12.77	0.00	1.86	20.46	20.46	0.0
	Invoice Total	4.3479	152.02	0.15	19.77	0.10	8.86	34.96	34.96	
	invoice Total	4.3479	152.02	0.15	19.77	0.10	8.86			0.0
				0.10		0.10	0.80	34.96	34.96	0.

TOTALS BY CARD	PRICE						
40 AP	The state of the s	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	69.78	20.460	0.15	12.77	0.00	1.86	
75 ALL PRODUCT	53.36	14.504	0.00				84.56
Annual State Control of the Annual Control of the State Control of the S	123.14			7.00	0.10	7.00	67.46
	120.11	34.964	0.15	19.77	0.10	8.86	- 152.02

Site	Street Address			
760006		City	State	
00000	44015 Hwy 299 E	Fall River Mills	State -	Gallor

Superior Sales and Sales a	
Quantity	Amour
20.5	84.50
14.5	67.46
	20.5

CUSTOMER DISCOUNT \$ 1.75 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$152.02 received 11/10/24 Volume eligible is 34.96 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 34.964

AMOUNT DUE: \$ 152.02

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by

Per our cardlock agreement, you are responsible for charges on lost or stolen cards up to 2 business days after you notify ESS. For maximum security, do not put your PIN on or near your fuel cards.

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt, T=Fully Taxed, N=Not Applicable.

Cardlock Department: 541-887-8545



STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017

ADDR TYPE

(AP,A1,A2,):

01

INV #:

302597

INV	DATE:	11/10/24
-----	-------	----------

AMOUNT	COST	Management of the Control of the Con	DESCRIPTION OF THE PROPERTY OF	CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
308.41	00447	035900		CAL	DI OCI INVOISE -		NC RE MH	PU AT
				CAR	RDLOCL INVOICE TRANSACTIONS	130043		
								1
\$308.41	TOTAL		EXI	PLANATIO	N (TEXT)	ADDRESS: (If different	from	
PO/ CONTRACT/ BLANKET PO #						remittance advice or if no inv	oice)	
or Value Received, I	PARTIAL	FULL				KLAMATH FALLS, OR 97	7601	
ssign, transfer, and	set over to	l my right	CS-0479-079-079	AUDITOR	DISTRI	CT USE ONLY		
igned	e within clai	m.	U	SE ONLY	APPROVED BY: BOARD MEMBER			
			I he	ereby certify		DATE:		
ISTRUCTIONS:			C	laim was	BOARD MEMBER	DATE		
Complete, date and s Obtain Department H	lead signatur	e.		amined and oved by this office.		DATE	DATE	
Districts obtain board Attach supporting doc Forward to County Au	cumentation.	ller.		y Deputy inty Auditor	BOARD MEMBER BOARD MEMBER	DATE		
e undersigned, under	penalty of ne	erium states the		JSER ID		DATE		
e and correct; that no	items as the part thereof	rein set out are has heretofore		DATE	I hereby certify, under penalty of perju provisions of Article Four, Chapter On code. Furthermore, that the articles of necessary and were ordered by me for articles or services have been deliced.	e, Division Four, Title One of the services specified in the above the purpose indicated at all the purpose indicated to	ne Calif. G re claim w	ere
imant , and that the a imant , and that the sa ar after the last item th	ame is prese	crued.			articles or services have been delivere otherwise indicated above by me.	d or performed as stated here	on except	as
imant , and that the a	ame is prese	crued.			or corvices tiave peell delivere	d or performed as stated here	on except	as



McArthur Fire District

McArthur, CA 96056-0670

Hwy 299e

PO Box 670



Date:

10/31/2024

Customer Account:

130043

Account Summary

Previous Balance \$712.46 **New Payments** (\$693.98)New Prompt Pay Disc \$

\$

New Invoices Total Balance Due

\$0.00 \$441.95 \$460.43

Any questions? PHONE: (530) 336-6138

Page 1 of 1

Open and new Invoices for the Current Billing Cycle: 10/1/2024 - 10/31/2024

INVOICES

000000

DATE	DUE BY	INVOICE #	DECODIDATION				
10/15/2024	11/10/2024		DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
			Cardlock Invoice - Transactions from 10/1/2024-10/15/2024	\$308.41	\$3.37	10/25/2024	\$308.41
10/29/2024		11532584	Finance Charge	(\$18.48)	***		
10/31/2024	11/10/2024		Cardlock Invoice - Transactions from		\$0.00	PAID	\$0.00
			10/16/2024-10/31/2024	\$152.02	\$1.75	11/10/2024	\$152.02

TOTAL: \$460.43

Open and new Payments for the Current Billing Cycle: 10/1/2024 - 10/31/2024

PAYMENTS

DATE	DESCRIPTION			
10/23/2024	Payment: Fuel -	TOTAL	CHECK#	REMAINING
10/23/2024	Payment: Fuel -	(\$320.32)	EFT102324	\$0.00
10/24/2024	Payment: Fuel -	(\$206.09)	EFT102324	\$0.00
	,	(\$167.57)	EFT102424	\$0.00



CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE	
\$460.43	\$0.00	\$0.00	\$0.00			
		φ0.00	\$0.00	\$0.00	\$460.43	

Past due invoices are subject to a finance charge of 1.5% per month (18% APR)

Account: 130043

McArthur Fire District Hwy 299e PO Box 670 McArthur, CA 96056-0670 MAKE CHECKS PAYABLE TO

Ed Staub & Sons Petroleum PO Box 488 Klamath Falls, OR 97601

PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT TO ENSURE PROPER PROCESSING TO YOUR ACCOUNT





COUNTY OF SHASTA

STATE OF CALIFORNIA AUTHORIZATION FOR RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017

ADDR TYPE

(AP,A1,A2,):

01

INV #:

312768

INV DATE: 11/15/24

	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CH
	10-7		CODE	CODE			SECONDARY REF	NC RE	PU AT
74.03	00447	035900			40 AF		130043		
1.									
							 		
\$74.03	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If differen	from	
PO/ CONTRACT/		White the state of					remittance advice or if no inv	oice)	
BLANKET PO#	- Control of the Cont						PO BOX 488		
Г	DADTIAL								
F	PARTIAL	FULL					KLAMATH FALLS, OR 97	7601	
For Value Received, I	hereby sell	The Real Property lies and the last lies and the							
ssign, transfer, and s	set over to	,							
itle and interest in the	a	ll my right,		AUDITO		DISTRI	CT USE ONLY		
	within cla	im.		USE ON	LY	APPROVED BY:			
igned				I hereby ce	ertify	BOARD MEMBER	DATE		
ISTRUCTIONS:				that the at		BOARD MEMBER	DATE		
Complete, date and si	ian form			claim wa	BOSE SERVICE SERVICE		/		
Obtain Department He	ead signatu	re.		approved by		BOARD MEMBER	DATE		
Districts obtain board	signatures.			office.		BOARD MEMBER			
Attach supporting doc	umentation.			By Depu	Control of the Contro		DATE		
Forward to County Au	ditor-Contro	oller.		County Au	ditor	BOARD MEMBER	DATE		
ne undersigned, under	penalty of n	eriuny state	o that	USER ID	A 15 15 15 15 15 15 15 15 15 15 15 15 15				
e above claim and the	items as the	rein cot out	ara I			hereby certify, under penalty of perju provisions of Article Four, Chapter On	ry, that I have not violated any	of the	
en paid, and that the a	mount here	in is justly d	ue this	DATE	25/05/96/27/952009	out in a trible, that the afficies of	r services enecified in the above	1 -	
imant , and that the sa ar after the last item the	ime is prese	inted within	one	DATE	POSSESSION CONTRACTOR	necessary and were ordered by me for articles or services have been delivered of the rivise indicated above by re-	I THE DITTORE INDICATED AND IN	414 11	
and the fast item th	ereor has ac	ccrued.				otherwise indicated above by me.	or performed as stated here	on excep	ot as
AIMANT						AUTHORIZED			
ANI A MILL IN THE									
NATURE						SIGNATURE			
GNATURE					S				



(541) 887-8545

Account Number: 130043

Invoice Number: 312768

Invoice Date:

11/15/2024 \$74.03

Page 1

Invoice Total:

Payment Due By: 12/10/24

Discount Date: Discount Amount: \$0.82

11/25/2024



McArthur Fire District PO Box 670 McArthur, CA 96056-0670 Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date	Time	Driver	Site	Mi	sc Entry C	dometer	Produ	uct	6275	Quantity	Taxed Price	THEFT IN
Card: Vehicle	7088863146	76740 AP					SHOWER WILLIAM D. W. CO. YO.	ous Odon	eter: 0	Quantity	Taxeu Price	Amount
11/03/2	24 3:41p	IINTS ANI	FC-Fall River M, CA TAXES BY STATE BY		0 9		CARE S	BDSL Subtotal		16.309 16.309	N 4.538	7 74.03 74.0 3
-		To the same	TAXES BY STATE BY	Average	Total	Federal	State	Other	Sales	Total	Cal- Wat	
State	Product	4		Price	Amount	Tax	Tax	Tax	Tax	The second second second second	Gals With	Gals W/O
CA	DIESEL #	2 CARB (C	A ONLY)	4.5392	74.03	0.00	ACCORD AND VALUE	CONTRACTOR OF THE PARTY OF THE	STATE OF THE STATE OF	Gallons	State Tax	State Tax
CA	State Tota	1		4.5392				0.12	7.67		16.31	0.00
	Invoice To	ntal			74.03	0.00	7.87	0.12	7.67	16.31	16.31	0.00
	Invoice 10	rtai		4.5392	74.03	0.00	7.87	0.12	7.67	16.31	16.31	0.00
TOTAL	LS BY CAR	D		PRICE		UANTITY	FE	т	Em	TUBLER	A ADC NO S WALLES	
40 AP				58.37		Company of the Company	OBSERVA ALCOHOLOGICA	AL AL DELAN	ET	MET	SST	AMOUNT
						16.309	0.0	00 7	.87	0.12	7.67	74.03
				58.37		16.309	0.0	00 7	.87	0.12	7.67	74.03

TOTAL GAL	LONS BY SITE LOCATION	A CONTRACT OF THE PARTY OF THE		
Site	Street Address	City		and the second second
760006	44015 Hwy 299 E	A THE RESERVE THE PROPERTY OF	State	Gallons
		Fall River Mills	CA	16 300

TOTAL GALLONS BY PRODUCT	
Product	Overette
CARBDSL	Quantity
TOTAL	16.3
	74.0

CUSTOMER DISCOUNT \$ 0.82 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$74.03 received 11/25/24 Volume eligible is 16.31 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 16.309

AMOUNT DUE: \$ 74.03

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.

Per our cardlock agreement, you are responsible for charges on lost or stolen cards up to 2 business days after you notify ESS. For maximum security, do not put your PIN on or near your fuel cards.

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545



COUNTY OF SHASTA

STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017 ADDR TYPE

01 (AP,A1,A2,):

INV #:

11624746

INV DATE: 11/18/24

AMOUNT	COST	ACCT	PROJ	CODE	DESCRIPTION (30 CHAR)			DESCRIPTION OF THE RESIDENCE OF THE PARTY OF	
			CODE	CODE		SECON	IDARY REF	NC RE	PU AT
540.90	00447	035900			dyed kero	130043			
(
\$540.90	TOTAL			EXPLANA.	TION (TEXT)	ADDRESS		from	
PO/ CONTRACT/						remittance ad	dvice or if no inv	oice)	
BLANKET PO#						PO BOX 4	88		
	AND THE RESERVE TO SERVE TO SE	The second second second second							
ļ	PARTIAL	FULL				KLAMATH	FALLS, OR 97	7601	
For Value Possived		1				KLAMATH	FALLS, OR 97	7601	
For Value Received, I assign, transfer, and s	hereby sell	1				KLAMATH	FALLS, OR 97	7601	
assign, transfer, and	hereby sell set over to	, my right		AUDITO	PR DIST			7601	
For Value Received, I assign, transfer, and s title and interest in the	hereby sell set over to	, my right		AUDITO	LY APPROVED BY:	KLAMATH		7601	
assign, transfer, and	hereby sell set over to	, my right		USE ON	LY APPROVED BY: BOARD MEMBER				
assign, transfer, and stitle and interest in the	hereby sell set over to	, my right		I hereby ce that the ab	APPROVED BY: BOARD MEMBER OVE BOARD MEMBER		NLY DATE		
assign, transfer, and stitle and interest in the Signed	hereby sell set over to all e within clai	, my right		I hereby ce that the ab claim wa	APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER		ILY		
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assign, transfer, and stitle and interest in the signed NSTRUCTIONS: Complete, date and selection Department Hest Districts obtain board and the Attach supporting document of the Undersigned, under the above claim and the use and correct; that no been paid, and that the ast alimant, and that the salimant, and that the selection in the selection of the selecti	hereby sell set over to all e within clair e within	Il my right, im. ee. erjury, states rein set out has herstly du	s that are ore	I hereby ce that the ab claim wa examined approved by office. By Deput County Aud	PROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of periodic provisions of Article Four, Chapter code. Furthermore, that the article necessary and were ordered by medical processory and were ordered by medical processory.	erjury, that I have One, Division Fous or services species for the number of the numbe	DATE DATE DATE DATE DATE not violated any ur, Title One of the should be of the ne Calif. Cove claim w	/ere	
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PHONE: (530) 336-6138 WWW.EDSTAUB.COM

MCARTHUR FIRE DISTRICT

PO BOX 670 **HWY 299E** MCARTHUR, CA 96056

INVOICE

		· · · ·
Customer #:		130043
Payment Terms:	10TH OF TH	IE MONTH 2% 10
	Invoice #:	11624746
	Invoice Date	11/18/24
	Due Date	12/10/24
	Total Due	\$540.90
*Total if Paid in Full b	y 11/28/2024	\$530.85

Page 1 of 1

VISIT WWW.EDSTAUB.COM TO PAY ONLINE

Make Check Payable to: ED STAUB & SONS PETROLEUM

Amount Enclosed: \$

Remit To:

ED STAUB & SONS PETROLEUM

PO BOX 488

KLAMATH FALLS, OR 97601

00001300430011624746000005409000000530857

<u> </u>	ustomer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
MCARTH	HUR FIRE DISTRICT	44283 HWY 299E - MCARTHUR, CA 96056	130043	11624746	11/18/24
Quantity	Item Number	Description	Unit Pr	ice	TOTAL
126.90	DYED KERO	DYED KERO Delivered By: Ethan C on	\$:	3.9590	\$502.40
		05 Fed Lust: 05 Fed Oil Spill Dsl: 05 Fed Superfund Std (Gas/Dsl): 06 CA Env Fee: 09 CA 7.25% General Sales Tax:			\$0.13 \$0.27 \$0.51 \$1.03 \$36.56

Tank/Equipment:

Fuel Tank - DYED KERO~240~A -

For Fuel or Service At:

44283 HWY 299E - MCARTHUR, CA 96056

Receipt Notes:

Delivered on 11/18/2024 at 1:59 PM

\$502.40	Sub Total	
\$0.00	Charges	
\$38.50	Taxes/Fees Total	
\$540.90	TOTAL DUE	
- \$10.05	*Prompt Pay Discount	
\$530.85	Paid in Full by 11/28/2024	
v credit/debit card	Pay Discount not available if paid by	*Prompt

PAST DUE INVOICES ARE SUBJECT TO A FINANCE CHARGE OF 1.5% PER MONTH (18% APR)

California Proposition 65 Warning:

WARNING: Chemicals known to the State of California to cause cancer, birth defects or other reproductive harm are created by the combustion of propane. This product contains chemicals known to the State of California to cause cancer, FOR CHEMICAL EMERGENICY: CALL INFOTRACK 1-800-535-5053 24 hours/74010



AMOUNT

COUNTY OF SHASTA

STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

PROJ

CODE

ACTY

CODE

ACCT

COST

CNTR

CLAIMANT NAME:

ED STAUB AND SONS

PEID:

VEND002017

ADDR TYPE

(AP,A1,A2,):

01

INV #:

318751

INV DATE:

11/30/24 **DESCRIPTION (30 CHAR) VENDOR ACCT#** R1 1099 R2 CHK SECONDARY REF NC RE PUAT MH PT ID

90.80	00447	035900	1 1 24 4	/P			COMMONSTRATION OF THE PROPERTY.	
		000700	24 A	1/P	234084	4		
							_	
\$90.80	TOTAL		EXPLANATION	I (TEXT)	ADDRE		ferent from	
D/ CONTRACT/ LANKET PO #			CARD: 708886314	4676773	PO BO	e advice or if n	no invoice)	
	PARTIAL	FULL			KLAMA	ATH FALLS, O	PR 97601	
or Value Received, ssign, transfer, and	hereby sel set over to	II,	AUDITOR				PR 97601	
or Value Received, ssign, transfer, and tle and interest in th	hereby sel set over to	II,	AUDITOR USE ONLY	APPROVED BY:	KLAMA STRICT USE		OR 97601	
ssign, transfer, and	hereby sel set over to	II,	USE ONLY I hereby certify	APPROVED BY: BOARD MEMBER		ONLY	DR 97601	
ssign, transfer, and	hereby sel set over to	II,	USE ONLY	APPROVED BY:		ONLY		
ssign, transfer, and tle and interest in th igned ISTRUCTIONS: Complete, date and	l hereby sel set over to a e within cla	II, all my right, nim.	I hereby certify that the above claim was examined and	BOARD MEMBER BOARD MEMBER		ONLY	DATE DATE	
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ssign, transfer, and tle and interest in the igned ISTRUCTIONS: Complete, date and Obtain Department H Districts obtain board Attach supporting do Forward to County A te undersigned, under the above claim and the the and correct; that no en paid, and that the simant, and that the simant, and that the	set over to a e within cla sign form. Head signatures. cumentation uditor-Contro penalty of p items as the part thereo amount here ame is press	are. Derjury, states that erein set out are finas heretofore bein is justly due the period within one care.	I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID	BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of provisions of Article Four, Chap code. Furthermore, that the art necessary and were ordered by articles or services have been designed.	of perjury, that I have ter One, Division icles or services some for the purpo	ONLY I ave not violate Four, Title on the	DATE DATE DATE DATE dany of the le of the Calife e above clain	f. Gov. n were



(541) 887-8545

Account Number: 234084

Invoice Number: 318751

Invoice Date: Invoice Total:

11/30/2024 \$90.80

Page 1

Payment Due By: 12/10/24 **Discount Date:**

12/10/2024

Discount Amount: \$1.13

235 098563



Fall River Fire District PO Box 670 McArthur, CA 96056-0670 Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc	Entry O	dometer	Produc	et	1	Quantity	Taxed	Price	A
Vehicle		213124 A/P					Previou	us Odome			z nacu	Trice	Amoun
11/18/2	24 4:43p		FC-Fall River M, CA D TAXES BY STATE BY I		0 0	* 4.03.TAG	UNL E	10%	2 4 L F F F	22.511 22.511	N	4.0332	90.80 90.8 0
Pid				Average	Total	Federal	State	Other	Sales	Total	Gals V	With.	Cala Willia
State	Product			Price	Amount	Tax	Tax	Tax	Tax	Gallons			Gals W/O
CA	GASOLI	NE UNL RE	G ETH 10%	4.0336	90.80	0.16	14.06	0.00	DU MENADARIO	and the second section of the sectio	State	Sandress and L. Co. S.	State Tax
CA	State Total	al		4.0336	90.80							22.51	0.00
	Invoice T	otal				0.16	14.06	0.00	2.00	22.5	1	22.51	0.00
				4.0336	90.80	0.16	14.06	0.00	2.00	22.5	1	22.51	0.00
	LS BY CA	RD		PRICE	OU	ANTITY	FET	C)	ET	MDM			
24 A/P				74.58		22.511	0.16	THE PERSON NAMED IN	WOLEN E NO. 10, 100	MET	SST	10013	AMOUNT
				74.58					06	0.00	2.00		90.80
				77.50		22.511	0.16	14.	06	0.00	2.00		00.00

TOTAL GALI	ONS BY SITE LOCATION	The statement of the same	通報 "以下来" 200	
Site	Street Address	City	The state of the s	STATES
760006	44015 Hwy 299 E		State	Gallons
		Fall River Mills	CA	22.511

TOTAL GALLONS BY PRODUCT Product	
UNL E10%	Quantity Amoun
TOTAL	22.5
	90.8

CUSTOMER DISCOUNT \$ 1.13 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$90.80 received 12/10/24 Volume eligible is 22.51 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 22.511

AMOUNT DUE: \$ 90.80

2.00

90.80

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Per our cardlock agreement, you are responsible for charges on lost or stolen cards up to 2 business days after you notify ESS. For maximum security, do not put your PIN on or near your fuel cards.

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545



COUNTY OF SHASTA

STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017 ADDR TYPE

(AP,A1,A2,):

01

INV #:

317650

11/30/24 INV DATE:

AMOUNT	COST ACCT PROJ ACTY DESCRIPTION (30 CHAR) COTR CODE CODE		VENDOR ACCT # SECONDARY REF	R1 1099							
22.48	00447	035900			40 AI			MH	PU AT		
196.35	00447	035900				LL PRODUCT	130043				
58.85	00447	035900					130043				
30.03	00447	035900			107 4	ALL PRODUCT	130043				
								in the contract of			
\$277.68	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no inv	t from			
PO/ CONTRACT/ BLANKET PO #							PO BOX 488	oice)			
	PARTIAL FULL						KLAMATH FALLS, OR 9	7601			
For Value Received, I	hereby sel	I,						7001			
assign, transfer, and title and interest in th	a	II my right.		AUDIT		DISTR	CT USE ONLY				
	e within cla	ıım.		USE ON	VLY	APPROVED BY: BOARD MEMBER					
Signed				I hereby c			DAT	E			
INSTRUCTIONS:				claim was examined and approved by this office.		BOARD MEMBER	DAT	DATE DATE			
1. Complete, date and s 2. Obtain Department F	sign form. lead signatu	ıre.				BOARD MEMBER	DATE				
 Districts obtain board Attach supporting do 	cumentation	1.				BOARD MEMBER	DATE				
5. Forward to County A	Forward to County Auditor-Controller.			By Deputy County Auditor USER ID		BOARD MEMBER	DATE	DATE			
ne above claim and the rue and correct; that no been paid, and that the s claimant, and that the s	e undersigned, under penalty of perjury, states that above claim and the items as therein set out are and correct; that no part thereof has heretofore en paid, and that the amount herein is justly due this imant, and that the same is presented within one ar after the last item thereof has accrued.					I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.					
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE					
ATE						DATE					



(541) 887-8545

Account Number: 130043

Invoice Number: 317650

Invoice Date: Invoice Total:

11/30/2024 \$277.68

Page 1

Payment Due By: 12/10/24 **Discount Date:**

12/10/2024

Discount Amount: \$3.32

166 098563



McArthur Fire District PO Box 670 McArthur, CA 96056-0670 Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date	A CONTRACTOR OF THE PARTY OF TH	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Alexandra
Card: 708	8886314676	740 AP				Previous Odometer: 0	Quantity	Taxeu	Frice	Amount
Vehicle: 0						1 revious Odometer: 0				
11/30/24	2:15p		FC-Fall River M, CA	0	0	CARBDSL	5.004	N	4.4935	22.48
C 1 200						Subtotal	5.004			22,48
		765 ALL	PRODUCT			Previous Odometer: 0				22.70
Vehicle: 0										
11/30/24	4:02p		FC-Fall River M, CA	0	13303	CARBDSL	25.510	N	4.4935	111.00
11/30/24	4:17p		FC-Fall River M, CA	0	0	UNL E10%	21.323			114.62
								N	3.8332	81.73
Card: 708	886314676	7107 ALL	PRODUCT			Subtotal	46.833			196.35
Vehicle: 0			1102001			Previous Odometer: 0				
11/29/24	11:32a		FC-Fall River M, CA	0	0					
			III, CA	0	0	UNL E10%	14.639	N	4.0203	58.85
CALLON	S AMOUN	TC AND	TAXES BY STATE BY PR			Subtotal	14.639			58.85

A	Product DIESEL #2 CARB (CA ONLY)	Price	Amount	Tax	Tax	Tax		The same and the s	Gals With	Gals W/O
A	DIESEL #2 CARB (CA ONLY)				CONTRACTOR OF THE PARTY OF THE	Iax	Tax	Gallons	State Tax	State Tax
		4.4930	137.10	0.00	14.72	0.22	14.17	30.51	A STATE OF THE PARTY OF THE PAR	
A	GASOLINE UNL REG ETH 10%	3 0001	140.50	2.02				30.31	30.51	0.00
			140.38	2.93	22.45	0.00	3.10	35.96	35.96	0.00
		4.1771	277.68	2.93	37.17	0.22	17.27	66.48	66.48	0.00
	Invoice Total	4.1771	277 68	2.03	27 17	0.22	15.05			0.0
A	State Total Invoice Total	3.9091 4.1771 4.1771	140.58 277.68 277.68	2.93 2.93 2.93	22.45 37.17 37.17	0.00 0.22 0.22	3.10 17.27 17.27			66.48

TOTALS BY CARD	PRICE	OHANIMAN	A. TELED	TO THE PROPERTY.			
40 AP		QUANTITY	FET	SET	MET	SST	AMOUNT
	17.71	5.004	0.00	2.41	0.04	2.32	
65 ALL PRODUCT	156.75	46.833	0.15	25.62			22.48
107 ALL PRODUCT	45.63				0.18	13.65	196.35
		14.639	2.78	9.14	0.00	1.30	58.85
	220.09	66.476	2.93	37.17	0.22	17.27	277.68

	ONS BY SITE LOCATION			
760006	Street Address	City	State	
	44015 Hwy 299 E	Fall River Mills	State	Gallons
		- IIII TUTUT IVIIIIS	CA	66.476

TOTAL GALLONS BY PRODUCT Product		
CARBOSL	Quantity	Amount
UNL E10%	30.5	137.10
TOTAL	36.0	140.58
		277.68

CUSTOMER DISCOUNT \$ 3.32 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$277.68

received 12/10/24 Volume eligible is 66.48 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 66.476

AMOUNT DUE: \$ 277.68

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.

Per our cardlock agreement, you are responsible for charges on lost or stolen cards up to 2 business days after you notify ESS. For maximum security, do not put your PIN on or near your fuel cards.

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545



51762

Job # 24-11762

DATE: DECEMBER 17, 2024

TO: FALL RIVER VALLEY FPD

Attn: Accounts Payable PO Box 670 McArthur, CA 96056

REMIT TO:

National Hose Testing Specialties, Inc. P.O. Box 1024 Dallas, OR 97338 (503) 623-9422

Qty	DESCRIPTION	UNIT PRICE	TOTAL
4,710 ft.	2024 Fire Hose Testing	\$.32/ft.	\$1,507.20
132 ft.	2024 Ground Ladder Testing	\$2.50/ft.	\$330.00
	THANK YOU FOR YOUR BUSINESS!!		
		SUBTOTAL	\$1,837.20
		TOTAL DUE	\$1,837.20

Make all checks payable to National Hose Testing Specialties, Inc. Visa Accepted.

PAYMENT: A Convenience fee of 2.5% will be assessed on the total payment amount for credit & debit transactions.

TERMS: Full payment is due within 30 days of the date of this invoice. Past due accounts will be charged 1.5% per month, 18% annually.

If you have any questions concerning this invoice, contact Nancy Altermatt, (503) 623-9422, nancy@nhts.com