



Invoice No: 5R2200827
 Invoice Date: 4/02/22

JOSHUA C SIMPSON
 CO WATER DIST BILLINGS HIGHTS
 1540 POPELKA DR
 BILLINGS MT 59105

Customer No: 10390
 Payment Terms: June 30th
 Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00
Subtotal:					\$30.00
AMOUNT DUE:					\$30.00

APR 2022
 RECEIVED
 839
 BPS

11 PAID
 No. 1777 Date Ad. 4-11-22

Please return this coupon with payment.

Permit/Registration #:
 Facility:
 Operator #: 7768
 Cert: 2A
 Renewal Notice For 2022-2023

Customer No: 10390
 Invoice No: 5R2200827
 Invoice Date: 4/02/22

Montana Department of Environmental Quality
 Financial Services Office
 PO BOX 200901
 Helena, MT 59620-0901

Amount Due: \$30.00

30.00
 Amount Remitted

1777
 Check Number

Name or Mailing Address Change?
 Please check box and make changes on back.



Invoice No: 5R2200032
 Invoice Date: 4/04/22

QUIN T FUHRMAN
 CO WATER DIST BILLINGS HEIGHTS
 1540 POPELKA DR
 BILLINGS MT 59105

Customer No: 7207
 Payment Terms: June 30th
 Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00
Subtotal:					\$30.00
AMOUNT DUE:					\$30.00



11 PAID
 MBR: 80 MBR
 No: 1777 Date Pd: 4/11/22

Please return this coupon with payment.

Permit/Registration #:
 Facility:
 Operator #: 7432
 Cert: 2A
 Renewal Notice For 2022-2023

Customer No: 7207
 Invoice No: 5R2200032
 Invoice Date: 4/04/22

Montana Department of Environmental Quality
 Financial Services Office
 PO BOX 200901
 Helena, MT 59620-0901

Amount Due: \$30.00

30.00
 Amount Remitted

1777
 Check Number

Name or Mailing Address Change?
 Please check box and make changes on back.



Invoice No: 5R2200419
Invoice Date: 4/02/22

ANDY W REICHENBACH
CO WATER DIST OF BILLINGS
1540 POPELKA DR
BILLINGS MT 59105-4468

Customer No: 8307
Payment Terms: June 30th
Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00
Subtotal:					\$30.00
AMOUNT DUE:					\$30.00



MBR: 17772 MD: MBR
Date Pd: 4/1/22

Please return this coupon with payment.

Permit/Registration #:
Facility:
Operator #: 5181
Cert: 2A
Renewal Notice For 2022-2023

Customer No: 8307
Invoice No: 5R2200419
Invoice Date: 4/02/22

Montana Department of Environmental Quality
Financial Services Office
PO BOX 200901
Helena, MT 59620-0901

Amount Due: \$30.00

30W
Amount Remitted

17772
Check Number

Name or Mailing Address Change?
Please check box and make changes on back.



Invoice No: 5R2200203
Invoice Date: 4/04/22

DAVID P BROOKSHIRE
CO WATER DIST BILLINGS HEIGHTS
1540 POPELKA DRIVE
BILLINGS MT 59105

Customer No: 7799
Payment Terms: June 30th
Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00
Subtotal:					\$30.00
AMOUNT DUE:					\$30.00



11 P110
17772 Date Pd 4/11/22

Please return this coupon with payment.

Permit/Registration #:
Facility:
Operator #: 6096
Cert: 2A
Renewal Notice For 2022-2023

Montana Department of Environmental Quality
Financial Services Office
PO BOX 200901
Helena, MT 59620-0901

Customer No: 7799
Invoice No: 5R2200203
Invoice Date: 4/04/22

Amount Due: \$30.00

30 W
Amount Remitted

17772
Check Number

Name or Mailing Address Change?
Please check box and make changes on back.



Invoice No: 5R2201034
Invoice Date: 4/02/22

CLAY J MCCAFFREE
CO WATER DIST OF BLGS HEIGHTS
1540 POPELKA DR
BILLINGS MT 59105

Customer No: 13233
Payment Terms: June 30th
Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00
Subtotal:					\$30.00
AMOUNT DUE:					\$30.00



APR 11 PAID
MBR: _____
Date Paid: 4/11/22

Please return this coupon with payment.

Permit/Registration #:
Facility:
Operator #: 8267
Cert: 2A
Renewal Notice For 2022-2023

Customer No: 13233
Invoice No: 5R2201034
Invoice Date: 4/02/22

Montana Department of Environmental Quality
Financial Services Office
PO BOX 200901
Helena, MT 59620-0901

Amount Due: \$30.00

30.00
Amount Remitted

17772
Check Number

Name or Mailing Address Change?
Please check box and make changes on back.



Invoice No: 5R2201280
Invoice Date: 4/02/22

COLTON S WESKAMP
CO WATER DIST OF BILLINGS HEIGHTS
1540 POPELKA DR
BILLINGS MT 59105

Customer No: 17796
Payment Terms: June 30th
Due Date: 6/30/22

For billing questions, please call (406) 444-3434

Line	Description	Quantity	UOM	Unit Amt	Net Amount
1	DRINKING WATER RENEWAL FEE	1.00	EA	30.00	30.00

Subtotal: \$30.00

AMOUNT DUE: \$30.00



11 940

17796 5R2201280
No: 17772 Date: 4/1/22

Please return this coupon with payment.

Permit/Registration #:
Facility:
Operator #: 8763
Cert: 2A
Renewal Notice For 2022-2023

Montana Department of Environmental Quality
Financial Services Office
PO BOX 200901
Helena, MT 59620-0901

Customer No: 17796
Invoice No: 5R2201280
Invoice Date: 4/02/22

Amount Due: \$30.00

30.00
Amount Remitted

17772
Check Number

Name or Mailing Address Change?
Please check box and make changes on back.



Executive
CLEANING CO., INC.

Executive Cleaning Co., Inc.

1919 Montana Ave.
Billings, MT 59101
(406) 248-3435
(406) 248-3533 - Fax

Invoice

Invoice #: 72502

Date: 3/31/2022

BILL TO

County Water District of Billings Heights
1540 Popelka Dr.
Billings, MT 59105

ATTN: Peyton Brookshire

SHIP TO

SAME

Purchase Order #: March 2022

Credit Terms: Net 10 Days

Item	Description	Amount	Subtotal
	Janitorial Services: 2 Days per Week	\$807.30	\$807.30
		Total Due:	\$807.30

APR 2022
RECEIVED
PPD

APR 11 PAID

MBR: SD. MBR

No. 17773 Date Pd. 4-11-22

St. Vincent Healthcare
Occupational Health Services
2019 Broadwater Ave
Billings, MT 59102
Phone: 406-237-8855
FEIN: 46-4056262

9339
APR 2022
RECEIVED
OPS

Invoice
April 01, 2022

Bill to: County Water Dist Blgs Heights
1540 Popelka Dr.
Billings, MT 59105-


For: County Water Dist Blgs Heights

Invoice # 60360

<u>Proc Code</u>	<u>Date</u>	<u>Description</u>	<u>Qty</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
99385	03/24/2022	DOT Physical	1.00	105.00			105.00
David P Brookshire XXX-XX-7807 Balance Due:							<u>105.00</u>
Invoice # 60360 Balance Due:							<u>105.00</u>

Please send second copy of invoice with payment Thank you

PAID
APR 11 2022
MBR
4-11-22

 Cut and return with payment

Please remit **105.00** to
For billing questions call Shari Moran 406-237-8865
Please place invoice number **60360** on check

ATTN: Accounts Receivable
Saint Vincent Occupational Health
SCL Health
PO Box 22797
Billings, MT 59104
Phone: 406-237-8855

04/06/2022

Plan Number: PS259835

DUKE NIESKENS
COUNTY WATER DISTRICT OF BILLI
1540 POPELKA DRIVE
BILLINGS MT 59105

Fisher Asset Management, LLC
FISHER INVESTMENTS 401(K) SOLU
5525 NW Fisher Creek Drive
Camas WA 98607



Please Remit Retirement Plan Administrative Fees

Invoice Number	Date	Amount
PI01825175	02/23/2022	\$775.00

Dear DUKE NIESKENS,

Ascensus would like to resolve an outstanding invoice for administrative services provided to your company's retirement plan. Please remit payment to:

Ascensus: Dresher
P.O. Box 36472
Newark, NJ 07188-6472

We value your business and appreciate your attention to this matter. If the outstanding fee(s) have been paid, please disregard this letter.

If you have questions or need a copy of the original invoice, please contact your Client Service Team at 888-859-4015.

Sincerely,

Ascensus

Plan Number: PS259835

Ctr30

11 PAID
#BR: 1777 Date: 4-11-22

Purvis Industries Billings
P.O. Box 540757
Dallas, TX 75354



INVOICE

INVOICE	
30830418	
Invoice Date	Page
03/28/2022 18:15:37	1 of 1
ORDER NUMBER	
11081911	

177481-4.12 0 5358-1.1 1oz



BILL TO:
COUNTY WATER DISTRICT F68
ATTN:ACCOUNTS PAYABLE
1540 POPELKA DRIVE
BILLINGS MT 59105



Branch: 1068

Ship To:

COUNTY WATER DISTRICT F68
1540 POPELKA DRIVE
BILLINGS , MT 59105
US

Ordered By: CLAY .

PO Number	Term Description	Net Due Date	Disc Due Date	Discount Amount
FREEZE	NET 30 DAYS	04/27/2022	04/27/2022	0.00

Order Date	Pick Ticket No	Primary Salesrep Name	Taker
03/28/2022 10:47:27	20989368	DARWIN TAYLOR	DTAYLOR

Quantities				Item ID Item Description	Pricing UOM Unit Size	Unit Price	Extended Price
Ordered	Shipped	UOM Unit Size	Disp.				
Carrier: CUSTOMER PICK-UP				Tracking #:			
2.00	2.00	EA 1.0		4TH18NC-4MJ-6FSX-105IN GATES HYDRAULIC ASSEMBLY	EA 1.0	64.5048	129.01
2.00	2.00	EA 1.0		4000-04BRN BRENNAN INDUSTRIES	EA 1.0	0.1917	0.38
15.00	15.00	EA 1.0		LABOR CHARGE/MIN LABOR	EA 1.0	1.5000	22.50

Total Lines: 3

SUB-TOTAL: 151.89
TAX: 0.00
AMOUNT DUE: 151.89

For Payment Inquiries, please contact Accounts Receivable at (214) 358-5500.
All information is confidential and proprietary of Purvis Industries.



MBR: SO. MBR:
No.: 1775 Date Pd.: 4-11-22

Invoice



514 North 32nd St.
 Billings, MT 59101
 406-245-3029

DATE	INVOICE #
3/14/2022	56695

BILL TO
Billings Heights Water Dist. 1540 Popelka Drive Billings, MT 59105

SHIP TO
Billings Heights Water Dist. 1540 Popelka Drive Billings, MT 59105

P.O. NO.	TERMS	REP	Call #	Order #
	Net 30	SL		
QUANTITY	DESCRIPTION	RATE	AMOUNT	
0.5	Model: HPLJ MC6040F Serial # Page Count Problem: Whistles when the top feeder is in use. Contact / Location: Susie, 242-0539 ADF squeek found to be plactic on the ADF rollers Cleaned and tested ADF ADF working at time of service	85.00	42.50	
Thank You for your Business			Total	\$42.50



PAID
 MBR: _____ BU. MBR _____
 No.: 1746 Date: 3/22/22

A Finance Charge of 1.5%, 18% annually, may be applied to past due balances.

Please Remit To: Western Office Equipment PO Box 1822 Billings, MT 59103

Western Office Equipment, Inc.

Date 3/14/2022 Type Bill Reference 56695

Original Amt. 42.50 Balance Due 42.50

3/22/2022

Discount

Check Amount

Payment 42.50 42.50

PAYMENT RECORD

OPERATIONS & MAI

42.50

LR2206ALN1 ECONO PRINT 406-294-1198

PRINTED IN U.S.A.

↑ originally paid in March 22, 2022 - but bank returned item because of the fraud -

↓ reissued check 4/12/22

Western Office Equipment, Inc.

Date 3/14/2022 Type Bill Reference 56695

Original Amt. 42.50 Balance Due 42.50

4/12/2022

Discount

Check Amount

Payment 42.50 42.50

PAYMENT RECORD

OPERATIONS & MAI

42.50

LR2206ALN1 ECONO PRINT 406-294-1198

PRINTED IN U.S.A.

Reissue for CE 17746

AFR Notification

From: mcb_ach_dbd@ascensus.com

To: cewaterdistrict@yahoo.com

Date: Thursday, April 14, 2022, 09:15 AM MDT

Your plan: COUNTY WATER DISTRICT OF BILLINGS HEIGHTS PSP; 259835

Your payroll information has been received.

This e-mail address was designed for the delivery of information only. Please do not send responses to this address since we cannot guarantee that your e-mail will be received. Please call 888-652-8087 with questions or to take further action. Thank you.

Ascensus

Package # 47201374

April 14, 2022

11:15 AM

Automated Funding Request Fisher Investments Fee Based RK Only

Client Service Team 1-888-652-8087

To: cewater district

Payroll: 04/15/2022

Email: cewaterdistrict@yahoo.com

Site: P - Employer Contributions

Plan Name: COUNTY WATER DISTRICT OF BILLINGS HEIGHTS PSP

Plan Number: 259835

Funding Confirmation

EMPLOYER MATCH: \$719.91

EMPLOYER PROFIT SHARING: \$969.85

Total Amount of Funding Due: \$1,689.76

Funding Method: ACH Ascensus Initiated Payment

Please Note:

- As per prior authorization, your account will be automatically debited in order to fund this payroll submission.
- The Payroll Period of April 15, 2022 for Employer Contributions has been assigned to this submission based on your payroll calendar and/or your transmittal information.

4/15/2022

Ascensus Trust Co

**1,689.76

One Thousand Six Hundred Eighty-Nine and 76/100*****

Ascensus Trust Co
P. O. Box 36472
Newark, NJ 07188-6472

4/15/2022

Ascensus Trust Co
401 (K) Profit Sharing
401(K) Employer

969.85
719.91

OPERATIONS & MAI

1,689.76

Ascensus Trust Co
401 (K) Profit Sharing
401(K) Employer

4/15/2022

969.85
719.91

OPERATIONS & MAI

1,689.76



855 Front Street | P.O. Box 4759 | Helena, MT 59604-4759
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TTY 406-495-5030
montanastatefund.com | safemt.com



Policy Invoice

COUNTY WATER DISTRICT OF BILLINGS HEIGHT
1540 POPELKA DR
BILLINGS MT 59105

Policy #: 03-109951-8
Invoice Date: 04/14/2022
Team: Premier
Invoice #: 13168014
Policy Status: Active



	Due Date	Amount
Past Balance:		\$0.00
Current Balance:	05/09/2022	\$938.35
Total:		\$938.35

****Save a stamp! Making an online payment is easy at Montanastatefund.com**** Your insurance protection is important to us. In order to maintain uninterrupted coverage, your payment must be received by Montana State Fund by the due date.

The amounts listed below include DLI Assessments

Date	Transaction	Installment # / Period	Amount
03/14/2022	Balance Forward from last Invoice		\$938.35
03/24/2022	Electronic Payment Received - THANK YOU		\$-938.35
04/01/2022	Installment	4 of 10 / (01/01/2022 - 01/01/2023)	\$938.35
TOTAL:			\$938.35

CF290A Rev 06/2020

Return the portion below with your payment.

This is not a payment request. The amount due will be deducted from your account per your authorized agreement.



MBR: ACTH SD. MBR _____
NO. ACTH Date Pd. _____

031099518 0000093835 0013168014



STATEMENT

8453

Page 1 of 2



AMERICAN WELDING & GAS, INC.
 320 N 11TH ST.
 BILLINGS MT 59101-2547
 406-256-3330
 FAX:406-256-7698

CUSTOMER NUMBER
05690
STATEMENT DATE
03/31/22

**TO INSURE PROPER CREDIT,
 PLEASE RETURN THIS PORTION
 WITH YOUR REMITTANCE**

MAIL TO:

AMERICAN WELDING & GAS, I
 PO BOX 779009
 CHICAGO IL 60677-9009
 844-854-1451

**** NEW REMIT ADDRESS ****

4207 1 AB 0.461 C:12 P:1 283/511-2 FT

Billings Hgts Water Dist
 1540 Popelka Dr

6147

Billings, MT 59105-4468

ACCOUNT NAME
BILLINGS HGTS WATER DIST

BRN#	STATEMENT DATE	CUSTOMER NUMBER
001	03/31/22	05690

CODES:
 1-SALE 3-CR. MEMO 5-DEBIT
 2-PAYMENT 4-SER. CHARGE MEMO

DATE	CODE	INVOICE NO.	CHARGES	CREDITS	BALANCE	INVOICE NO.	CODE	AMOUNT
03/16/22	1	08393830	355.10		355.10	08393830	1	355.10



APR 19 2022

MBR: _____ BU. MBH _____
 No.: _____ Date Ad. 4/19/2022
 1779

PLEASE REMIT PO BOX 779009 CHICAGO IL 60677-9009
 Pay Your Bills Online! Online Ordering!
 View Cylinder Balances with Access to Invoices!
 Complete Your Registration Today!
<https://awgclientweb.awggases.com>

LAST PAYMENT: 11/15/21 57.16

TOTAL BALANCE	355.10	TOTAL BALANCE	355.10
---------------	--------	---------------	--------

CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS
355.10	.00	.00	.00



ORIGINAL INVOICE

8454

Page 2 of 2



PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO.	INVOICE NUMBER
03/16/22	05690	08393830

AMERICAN WELDING & GAS, INC.
 320 N 11TH ST.
 BILLINGS MT 59101-2547
 (406) 256-3330
 FAX: (406) 256-7698

PLEASE MAKE CHECKS PAYABLE TO
 AND MAIL TO

AMERICAN WELDING & GAS, INC.
 PO BOX 779009
 CHICAGO, IL 60677-9009
 800-231-8462

Billings Hgts Water Dist
 1540 Popelka Dr

Billings, MT 59105-4468

BILLINGS HGTS WATER DIST
 1540 POPELKA DR
 BILLINGS MT 59105-4468

ORDER NUMBER		CUSTOMER P/O NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS	INITIALS	PAGE
06657570-00		SEE BELOW		001	060	010	WALK IN	NET 10TH	RG	1
SHIPPING ORDER NUMBER	DATE	ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT
					SHP'D	RET'D				
		** Location:	1	**			Hardgood P/O:CLAY			
66575700316		MIL287803	1	0			CLASSIC SERIES, VS BLACK W/ CLEAR LIGHT LENS	EA	128.00	128.00 N
66575700316		LINED021274	1	0			.035 SUPERARC L-56 44FS 3564 LB PLT	SPL	227.0972	227.10 N
Subtotal										355.10
Cash/Dep Received										0.00
TAX CD: 0000000000000007 TAX DESCRP: MT - TAX EXMPT CD: 0 EXMPT/CERT:										

TAXABLE AMOUNT
355.10

*** ATTENTION NEW REMITTANCE ADDRESS ***

AMOUNT THIS INVOICE INCLUDING TAX

355.10

Order



Customer Copy



0665757000

SOLD BY
 AMERICAN WELDING & GAS, INC.
 320 N 11TH ST.
 BILLINGS MT 59101-2547
 406-256-3330

6965693431

*8220
OPB*

Customer 05690

Order 06657570-00

Order Date 03/16/22

Page 001 OF 001

SHIP TO
 BILLINGS HGTS WATER DIST
 1540 POPELKA DR
 BILLINGS MT 59105-4468
 406-252-0539

Name	BILLINGS HGTS WATER DIST	Territory	010	Ship Via	WALK IN	-NONE-	Initials	RG	
P/O Number	SEE BELOW	Salesperson	060	Other Zone	00	UPS Zone	0	Order Type	CHRG
Rel Number		Branch	001	COL/PPD	PREPAID		Date/Time	16-MAR-22 10:42AM	
Phone	406-252-0539	Wanted Date	03/16/22	Route			Username	robin.gerondale	

QTY SHIP	UNIT	HM	DESCRIPTION & HAZARD CLASS	LINE NO	ITEM NUMBER	LOC	QTY ORDER	QTY BKORD	BIN LOC	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT	
1	EA		HAZARDOUS MATERIAL FEE AWG	4	CYM HAZMAT	1	1	0			13.45	13.45 N	
1	SPL		.035 SUPERARC L-56 44FS 3564 LB PLT	3	LIN ED021274	1	1	0	C017C	44.00	227.0972	227.10 N	
1	EA		CLASSIC SERIES, VS BLACK W/ CLEAR LIGHT LENS	1	MIL 287803	1	1	0	H144B		128.00	128.00 N	
			Total Weight:	44.0000								Subtotal	368.55
										Discount	13.45		
										Tax	.00		
										Freight	.00		
										Total Sale	355.10		

Chemtrec # 0011236

**EMERGENCY RESPONSE TELEPHONE NUMBER
1-800-424-9300**

This is to certify that the above named Products are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

FILLED/DELIVERED BY	ACTUAL SHIP DATE

SEE OUR TERMS AND CONDITIONS AT:

www.awggases.com under CUSTOMER RESOURCES

By acceptance and use of the Products specified herein and/or by signing below, Customer accepts and agrees to be bound by the terms and conditions as described at our website shown above. No Products will be accepted for refund without prior approval from Seller. I have read and received a copy of this Order.

X _____
 Agreed by Customer



Trust our People. Trust our Data.
www.energylab.com

Billings, MT 406.252.6325 • Casper, WY 307.235.0515
Gillette, WY 307.686.7175 • Helena, MT 406.442.0711

Account Number: B1118
Invoice Number: 465384
Invoice Date: 04/14/2022
Purchase Order:
Invoice Total: \$480.00
Amount Received: \$0.00
Amount Due: \$480.00

Remit To: **Energy Laboratories, Inc.**
Department 6250
PO Box 4110
Woburn, MA 01888-4110

00000811180004653840000480007

Detach and Return Stub with Payment

Bill To: **Billings Heights County Water District**
Attn: Accounts Payable
1540 Popelka Dr
Billings, MT 59105-4468

INVOICE

Invoice No.: 465384

From:



Trust our People. Trust our Data.

Quote Id: N/A
Project Name: MT0000155

Invoice Date: Apr 14, 2022
Purchase Order:
Account Number: B1118
Net 30

APR 14 2022
DAA

Lab Number	Client Samp ID	Test Price	Rush	Discount	Price	Total
Work Order: B22040729						
B22040729-001	1540 Popelka Dr					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-002	1219 Main Street					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-003	1415 Yellowstone RR					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-004	1221 Wicks Lane					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-005	2347 Main Street					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-006	2605 Roundup Road					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-007	913 Independent Lane					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-008	200 Rollings Hills Road					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-009	2300 Lake Elmo Road					\$30.00
Analysis Parameter						
Bacteria, Public Water Supply		\$30.00			\$30.00	
B22040729-010	1705 Saint Andrews Drive					\$30.00



Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00
B22040729-011	655 West Wicks Lane		\$30.00
Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00
B22040729-012	262 Wicks Lane		\$30.00
Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00
B22040729-013	710 Main Street		\$30.00
Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00
B22040729-014	98 Skyline Drive		\$30.00
Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00
B22040729-015	236 Main Street		\$30.00
Analysis Parameter			
Bacteria, Public Water Supply		\$30.00	\$30.00

MISCELLANEOUS CHARGE SUMMARY:			
Work Order: B22040729			
Item	Price	QTY	Total
Management and Disposal Fee - per sample	\$2.00	15	\$30.00
			\$30.00

Comments:
Proj. Contact: David Peyton Brookshire

Subtotal:	\$450.00
Misc Charges:	\$30.00
INVOICE TOTAL:	\$480.00
Amount Received:	\$0.00
AMOUNT DUE:	\$480.00

19 PAID
 SBR: BU/MBH
 Date 4-19-2022
 178



Local Government Services
 125 N. Roberts - Mitchell Bldg Room 270
 P.O. Box 200547
 Helena, MT 59620-0547
 Phone: (406) 444-9101
 Email: LGSPortalRegistration@mt.gov

STATEMENT
 COUNTY WATER DIST OF BILLINGS HEIGHTS
 ATTN: MANAGER - PEYTON BROOKSHIRE
 1540 POPELKA DR
 BILLINGS, MT 59105-4468

Statement Number: 4588
Statement Date: 4/8/2022
Account Number: 105605
Send payment to: Local Government Services
Due: Upon Receipt

Date	Item ID	Entry Type	Entry Description	Item Activity	Amount Due
4/7/2022	FY2021-04/22-13644	AFR	10% Late R	130.00	130.00
Amount Owed					130.00

	0 - 30	31 - 60	61 - 90	Over 90	Total
Amount	130.00	0.00	0.00	0.00	130.00

Please disregard this notice if you have already sent payment.
If you have questions, please call (406) 444-9101.
Make checks or warrants payable to "Local Government Services".



19 PAID
 AFR: _____ BL. AFR
 No. _____ Date of _____
 1781



INVOICE

Morrison-Maierle Systems—PO Box 6147—Helena, MT 59604
 Billing Inquiries: 406-495-3516
 Help Desk 1-866-401-4846 — www.getsystems.net
 TIN: 81-0401762

Attention: Peyton Brookshire
Billings Heights Water District
 1540 Popelka Dr
 Billings, MT 59105
 UNITED STATES

Invoice : 000042357
Invoice Date : 4/14/2022
Project : BHWD700
Project Name : Billings Height Water Project Svcs
Bill Term : **

For Professional Services Rendered Through 4/8/2022

BHWD700 - Billings Height Water Project
 Svcs

Rate Labor	2,125.00
Expenses	206.00
<i>Total Expense</i>	<i>206.00</i>



Current
Billings
 2,331.00

Current Billings 2,331.00
Amount Due This Bill 2,331.00

Amounts Are Due and Payable Upon Receipt of Invoice
 Amounts 30 days overdue are subject to a service charge at the maximum legal rate allowed by 31-1-107 MCA

Please send your EFT remittance advice to remittance@m-m.net
 Routing: 092905278
 Account: 4020016702

APR 19 PAID
 MBR: _____ B.D. MBR _____
 No. _____ Date Pd. 4-19-2022
 1782

100 - Hourly Services - Unquoted

Rate Labor

Class / Employee

Network Technician

Class / Employee	Date	Hours	Rate	Amount
Jesse A. Daffin	3/24/2022	1.00	125.00	125.00
Preconfigured AP. Installed AP on-site to replace old AP. Confirmed working.				
Total Rate Labor				125.00

200 - Equipment and Supplies - Unquoted

Expenses

Account / Vendor

Project Expenses

Account / Vendor	Doc Number	Date	Cost	Multiplier	Amount
Kristine L. Buehler	EA0000000545	3/16/2022	20.00	1.00	20.00
1 - Ubiquiti PoE GigEthernet Adapter					
	EA0000000545	3/16/2022	153.00	1.00	153.00
1 - Ubiquiti Networks UAP-AC-PRO-E Access Point					
	EA0000000545	3/24/2022	33.00	1.00	33.00
1 - Netgear Switch 5-Port					
Total Kristine L. Buehler			206.00		206.00
Total Project Expenses			206.00		206.00
Total Expenses					206.00

Total Bill Task: 200 - Equipment and Supplies - Unquoted

206.00

800 - Server Replacement - 003996v3

Rate Labor

Class / Employee

Network Technician

Class / Employee	Date	Hours	Rate	Amount
Jesse A. Daffin	3/9/2022	1.00	125.00	125.00
Began preconfiguration of new server.				
	3/15/2022	1.00	125.00	125.00
Continued server preconfiguration.				
	3/16/2022	1.00	125.00	125.00
Finished preconfiguration of server.				
	3/24/2022	4.75	125.00	593.75
Staged server on-site. Installed 5-port Switch. Installed UPS. Joined to domain. DC prep. Role and feature installation. Prep for data migration. QB installation.				
	4/1/2022	1.50	125.00	187.50
Began data migration				
	4/1/2022	0.50	125.00	62.50
Began data migration				
	4/2/2022	2.00	125.00	250.00
Finished data migration.				
	4/3/2022	2.00	125.00	250.00
Decommissioned old server.				
	4/4/2022	2.25	125.00	281.25
On-site; Mapped drives on PCs. Ensured shortcuts all working and QuickBooks. Discussed project with Peyton and retaining the old server for at least 1 month.				
Total Jesse A. Daffin		16.00		2,000.00
Total Network Technician		16.00		2,000.00
Total Rate Labor				2,000.00

Total Bill Task: 800 - Server Replacement - 003996v3

2,000.00

Total Project: BHWD700 - Billings Height Water Project Svcs

2,331.00

NTZ LUMBER CO., INC.

CUSTOMER COPY

Box 50400 2775 Hwy. 87 N.
 Billings, MT 59105-0400 Billings, MT 59105
 Phone (406) 252-4810 • FAX (406) 252-4890

LOADED BY	DELIVERED BY	TIME IN
CHECKED BY	HOW DELIVERED	TIME OUT

1208231

CASH SALE

03/11/22 15:25 011

CASH SALES

1
13
1
3
1
1
1

CUST#: 1.0000 DEL DATE: 03/11/22 TERMS: NET 10TH

√	L #	QUANTITY	DESCRIPTION	ITEM #	UNITS	PRICE / UNIT	AMOUNT
	1	2	3/8" NAP TWIN PACK 9" ROLLER CV	18070006A	2	2.25 EA	4.50
	2	2	MESSMER U.V. NATURAL REDWOOD 1-GALLON	35010120A	2	37.95 EA	75.90
PAID BY: VISA 80.40							
Zentz Lumber Co. 2775 Hwy 87 North Billings, MT 59105 (406) 252-4810 Terminal 002							
03/11/2022 16:09							
Sale							
Trans #: 12 Batch #: 1							
MASTERCARD CHIP *****5242 **/**							
AMOUNT: \$80.40							
Resp: APPROVED Code: 65359E Ref #: 90100004							
App Name: Mastercard AID: A0000000041010 TUR: 8000008000 TSI: 6800							
SUBTOTAL							80.40
TOTAL							80.40

TERMS: All bills are due and payable in full by 10 days after 30 days. Past due accounts are subject to a 1 1/2% "MONTHLY INTEREST RATE" of 1 1/2% per month for a minimum charge of \$10.00. The buyer agrees that any finance charge on any account is referred to an attorney for collection and attorney's fee, cost and finance charge as set forth in the terms and conditions of sale.

Received By _____
 past due
 MODIC
 DATE of
 seller. If
 on fee or

CUSTOMER COPY



QUIN FURHMAN
COUNTY WATER DIST BLGS HT

Account Number: #### #### #### 1624
Closing Date: 04/08/22
Credit Limit: \$2,000.00
Available Credit: \$1,472.35
Cash Advance Limit: \$2,000.00
Cash Advance Available: \$1,472.35



Account Inquiries



Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881



Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA, FL 33630-3495



To view or pay your account on-line:
www.mycardstatement.com



Account Summary

Previous Balance	\$	33.56
Purchases	+	491.58
Cash	+	0.00
Special	+	0.00
Credits	-	29.00
Payments	-	33.56
Other Debits	+	62.56
Finance Charges	+	2.51
NEW BALANCE	\$	527.65

Payment Information



Total Minimum Payment Due **\$40.00**
Payment Due Date **05/03/22**

Minimum Payment	\$	20.00
Past Due Amount	\$	20.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Important News

NEW OR RE-ISSUED FIRST INTERSTATE BANK BUSINESS CREDIT CARDS MUST BE ACTIVATED BY CALLING 1-866-333-4761. WHEN CALLING, YOU WILL BE ASKED TO ENTER THE LAST FOUR DIGITS OF YOUR COMPANY'S TAX ID NUMBER.

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
03/09	03/10	PPLN01	72301382068900013200230	DENNY MENHOLT CHEVROLE BILLINGS MT	\$ 133.86
04/05	04/06	PPLN01	55480772095081249241103	CRESCENT ELECTRIC 054 BILLINGS MT	357.72
Payments, Adjustments and Others					
04/05	04/05		L04052022027890	PAYMENT - THANK YOU	33.56
04/05	04/06	PPLN01	70006102096777096430011	RETURNED PAYMENT FEE	29.00
04/05	04/06	PPLN01	70006102096777096430011	RETURNED CHECK	33.56
04/05	04/08	PPLN01	70006102098777098390013	RETURNED CHECK FEE REV	29.00

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

THANK YOU FOR YOUR RECENT PAYMENT, HOWEVER, YOUR ACCOUNT REMAINS ONE PAYMENT PAST DUE. PLEASE SEND IN YOUR PAYMENT IMMEDIATELY TO AVOID ANY LATE CHARGES.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY 5150

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918



Account Number
1624

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
04/08/22	\$527.65	\$40.00	05/03/22

AMOUNT OF PAYMENT ENCLOSED

\$ 527.65

QUIN FURHMAN
COUNTY WATER DIST BLGS HT
1540 POPELKA DRIVE
BILLINGS MT 59105-3399



MAKE CHECK PAYABLE TO:



MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138





QUIN FURHMAN
COUNTY WATER DIST BLGS HT

Account Number: #### #### #### 1624
Closing Date: 04/08/22
Credit Limit: \$2,000.00
Available Credit: \$1,472.35



IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions) The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions) To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please Direct Written Inquiries to".

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date The closing date is the last day of the billing cycle, all transactions received after the closing date will appear on your next statement.

Annual Fee If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, "Please Direct Written Inquiries to," as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- ◆ Your name and account number.
- ◆ The dollar amount of the suspected error.
- ◆ Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

8233
JS

CUSTOMER #: 19996

405596



INVOICE

COUNTY WATER DISTRICT OF BLGS HGTS
1540 POPELKA DR
BILLINGS, MT 59105-3399
HOME: 406-252-0539 CONT: 406-860-1468
BUS: 406-252-0539 CELL:

PAGE 2

3000 King Ave. West - Box 80430
Billings, MT 59108
Phone: (406) 896-3100

SERVICE ADVISOR: 2980 JAMES A VALERIO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
BLUE-TOPAZ	13	CHEVROLET SILVERADO	1GC5KZCG6DZ332734		8827/8827	T9623	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
24APR13 DD			17:00 08MAR22		0.00	CASH	08MAR22
R.O. OPENED	READY	OPTIONS: ENG:6.0 LITER_SFI_IRON					
09:21 08MAR22	15:08 08MAR22						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

TO DRIVE AND IF IT GETS WORSE THEN THEY WILL FIX.

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 10.49

YOU MAY RECIEVE A SURVEY FROM GENERAL MOTORS
IF YOU FEEL YOU CAN NOT COMPLETE SURVEY
COMPLETELY SATISFIED PLEASE CALL TERRY POSSEN
OR YOUR SERVICE CONSULTANT. THANK YOU FOR YOUR
BUSINESS.

DENNY MENHOLT CHEVROLET
3000 KING AVE W
BILLINGS, MT 59102
(406) 896-3000

03/09/2022 15:15:45
Terminal ID No.: 77408272

Credit Sale

Transaction #: 23
Card Type: MasterCard
Account: *****1624
Entry: Chip
Clerk:
Amount: USD\$133.86
Ref. Number: 206820004151
Global UID: 124012252620203091515455658
Auth. Code: 66015E
Batch #: 232
Response: APPROVAL 66015E

Mode: Issuer
AID: A0000000041010
APPLAB: Mastercard

SOLD AND ALL REPAIRS ARE
EXPRESSLY DISCLAIMS ALL
IMPLIED WARRANTIES OF
AND NEITHER ASSUMES NOR
ITY IN CONNECTION WITH THE
WARRANTIES ON PARTS AND
Y THE MANUFACTURER OR THE
ER OR DISTRIBUTOR SHALL BE
ER SHALL NOT BE ENTITLED TO
RES, DAMAGES TO PROPERTY,
OR INCOME, OR ANY OTHER

ified of and authorized the
voice and that you received
quested by you. The vehicle
be Amount Due.

***SHOP SUPPLY COSTS:**
We have added a charge
equal to 8.5% of the
total cost of labor, not
to exceed \$48.00, to the
Repair Order for shop
supplies used in
connection with this
repair.

**ALL PARTS ARE NEW
UNLESS OTHERWISE
INDICATED.**

AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	123.37
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	10.49
TOTAL CHARGES	133.86
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	133.86

CUSTOMER COPY
THANK YOU!!

CUSTOMER #: 19996

405596



INVOICE

COUNTY WATER DISTRICT OF BLGS HGTS
1540 POPELKA DR
BILLINGS, MT 59105-3399
HOME:406-252-0539 CONT:406-860-1468
BUS: 406-252-0539 CELL:

PAGE 1

3000 King Ave. West - Box 80430
Billings, MT 59108
Phone: (406) 896-3100

SERVICE ADVISOR: 2980 JAMES A VALERIO

Table with columns: COLOR, YEAR, MAKE/MODEL, VIN, LICENSE, MILEAGE IN / OUT, TAG. Includes details for CHEVROLET SILVERADO and a table for DEL. DATE, PROD. DATE, WARR. EXP., PROMISED, PO NO., RATE, PAYMENT, INV. DATE.

Table with columns: LINE OPCODE, TECH, TYPE, HOURS, LIST, NET, TOTAL

A RECALL N212328800 FRONT PASSENGER AIRBAG TAKATA INFLATOR
05 ALL RECALLS
2599 W
1 84594241 AIRBAG
1 84594242 BRACKET
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00
8827 REMOVED AND REPLACED THE PASSENGER INFLATOR PER RECALL
N212328800
PERFORMED RECALL N212328800
OLD INFLATOR: AL43129000172960
NEW INFLATOR: 07212353800542

B COMPLEMENTARY MULTI-POINT VEHICLE INSPECTION-(MPVI) -
CAUSE: PERFORMED VEHICLE INSPECTION
01CVZ05 COMPLEMENTARY MULTI-POINT VEHICLE
INSPECTION-(MPVI) -
2599 C
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

C CUST REQUESTS SHUTTLE TO DESTINATION AND BACK
CAUSE: NEEDED TO SHUTTLE CUST TO DESTINATION AND BACK
01CVZCS99 CUST REQUESTS SHUTTLE TO DESTINATION
AND BACK
2599 W
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

D CUSTOMER STATES WHISTLE NOISE HEARD ON ACCEL ONLY IN 4WD
01 RECOMMENDED MAINT
2599 C
PARTS: 0.00 LABOR: 123.37 OTHER: 0.00 TOTAL LINE D: 123.37
8827 VERIFIED NOISE IS COMING FROM THE TRANSFER CASE, UPON
INSPECTION FOUND BEARINGS IN TRANSFER CASE ARE SCORING CAUSING THE
NOISE WILL NEED TO REPLACE ALL THE BEARINGS OR THE TRANSFER CASE BUT
THE NOISE IS VERY SLIGHT AND MAY NOT GET WORSE. CUSTOMER WILL CONTINUE

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

Table with columns: *SHOP SUPPLY COSTS, DESCRIPTION, TOTALS. Includes rows for LABOR AMOUNT, PARTS AMOUNT, GAS, OIL, LUBE, SUBLET AMOUNT, MISC. CHARGES, TOTAL CHARGES, LESS INSURANCE, SALES TAX, PLEASE PAY THIS AMOUNT.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

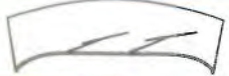
Certified Service

MULTI-POINT VEHICLE INSPECTION

Name: County Water District Year/Model: Silverado Date: 3/8/22
 Repair Order #: 4055910 VIN (last 8 digits): _____ Odometer: _____ Tag#: _____ License#: _____

Checked and OK May Require Attention Soon Requires Immediate Attention

WIPER BLADES



<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LF
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rear (if applicable)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Windshield condition

Cracks _____ Chips _____

OnStar active  Service History Check

Enrolled in OVD

Enrolled in DMN

Air Conditioning Performance

Remaining engine oil life: _____ %
 Reset: _____ N/A: _____

CHECK BATTERY



<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery health
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Battery cables and connections

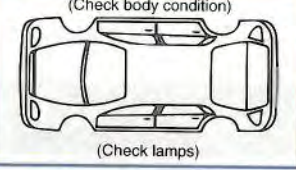
CHECK TIRES AND TREAD DEPTH

<input type="checkbox"/>	Rotation needed	<input type="checkbox"/>	Alignment needed	<input type="checkbox"/>	Balance needed
<input type="checkbox"/>	Rotation performed	<input type="checkbox"/>	Alignment performed	<input type="checkbox"/>	Balance performed

<input checked="" type="checkbox"/>	8/32 or Greater	<input checked="" type="checkbox"/>	8/32 or Greater
<input checked="" type="checkbox"/>	7/32	<input checked="" type="checkbox"/>	7/32
<input checked="" type="checkbox"/>	6/32	<input checked="" type="checkbox"/>	6/32
<input checked="" type="checkbox"/>	5/32	<input checked="" type="checkbox"/>	5/32
<input checked="" type="checkbox"/>	4/32	<input checked="" type="checkbox"/>	4/32
<input checked="" type="checkbox"/>	3/32 or Less	<input checked="" type="checkbox"/>	3/32 or Less

PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI

(Check body condition)



(Check lamps)

Lowest Tread Depth: _____ /32

<input type="checkbox"/>	LF	Wear Pattern	RF	<input type="checkbox"/>
<input type="checkbox"/>	LR	Damage	RR	<input type="checkbox"/>

PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI

<input checked="" type="checkbox"/>	8/32 or Greater	<input checked="" type="checkbox"/>	8/32 or Greater
<input checked="" type="checkbox"/>	7/32	<input checked="" type="checkbox"/>	7/32
<input checked="" type="checkbox"/>	6/32	<input checked="" type="checkbox"/>	6/32
<input checked="" type="checkbox"/>	5/32	<input checked="" type="checkbox"/>	5/32
<input checked="" type="checkbox"/>	4/32	<input checked="" type="checkbox"/>	4/32
<input checked="" type="checkbox"/>	3/32 or Less	<input checked="" type="checkbox"/>	3/32 or Less

PSI@: _____ set to: _____ PSI PSI@: _____ set to: _____ PSI

CHANGE ENGINE OIL & FILTER N/A

CHECK FLUID LEVELS

OK	FILLED	REQUIRES ATTENTION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CHECK BRAKES/MEASURE FRONT AND REAR LININGS

<input checked="" type="checkbox"/>	7 mm greater	<input checked="" type="checkbox"/>	7 mm greater
<input checked="" type="checkbox"/>	6 mm	<input checked="" type="checkbox"/>	6 mm
<input checked="" type="checkbox"/>	5 mm	<input checked="" type="checkbox"/>	5 mm
<input checked="" type="checkbox"/>	4 mm	<input checked="" type="checkbox"/>	4 mm
<input checked="" type="checkbox"/>	3 mm/less	<input checked="" type="checkbox"/>	3 mm/less
<input checked="" type="checkbox"/>	2 mm/less	<input checked="" type="checkbox"/>	2 mm/less
<input checked="" type="checkbox"/>	1 mm/less	<input checked="" type="checkbox"/>	1 mm/less

Lowest Front Lining _____ Lowest Rear Lining _____

ADDITIONAL CHECKS (Inspect for visible leaks and visual condition)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fuel system (also including gas cap seating)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine, transmission, drive axle, transfer case
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine cooling system: leak/other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shocks and struts - also check operation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Belts: engine, power steering and/or V-drive
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hoses: engine, power steering and HVAC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Engine air filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Passenger Compartment Air Filter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steering components and steering linkage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CV drive axle boots or driveshafts and U-joints
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust system components
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Body components lubrication

Brake system (also including lines, hoses and parking brake)

Additional Recommended Services

- 1)
- 2)
- 3)

Service Consultant: Jim
 Technician: Cliff No.: 2599

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Restraint system component check
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chassis components lubrication
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drive Axle (leak/other) <u>RIP Seal</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Evaporative control system



SHIP TICKET

205 MOORE LN
 BILLINGS, MT 59101-3418
 P 406-252-0216 F 406-252-1729

SHIP DATE	ORDER #	PAGE #
04/05/2022	S510194556.001	1 of 1

CUST #: 197112

**** C.O.D. ** C.O.D. ** C.O.D. ****

SOLD TO:

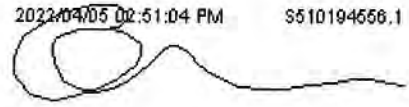
SHIP TO:

CASH SALE
 PO BOX 20998
 BILLINGS, MT 59104-0998

*8729
DPO*

BILLINGS MT CONTRACTOR
 PO BOX 20998
 BILLINGS, MT 59104-0998

ORDERED BY	CUST PO	REFERENCE	ACCOUNT MANAGER
QUIN	STOCK		HOUSE
ORDER WRITER	SHIP VIA	ORDER DATE	FREIGHT TERMS
DAKOTA FLOM	COUNTER	04/05/2022	FREIGHT IF APPLICABLE

ORDER QTY	SHIP QTY	DESCRIPTION	UNIT PRICE	EXT PRICE								
20 ea	20 ea	GE332MAXPN/ULTRA GELAMPS 78623 ELECTRONIC BALLAST Amount Paid Today -357.72	17.886/ea	357.72								
Credit Card Information Merchant LIVE TimeCDT/Dat CDT Card XXXXXXXXXXXXX1624 Card Type: Mastercard Card CASH SALE Auth Code: 60469E Charge 357.72 Charge Signature: _____ I agree to pay above total amount according to card issuer agreement												
2022/04/05 02:51:04 PM S510194556.1 												
QUIN <table border="1" style="margin: auto;"> <tr> <th colspan="2">ORDER SUMMARY</th> </tr> <tr> <td>Total Sales for Order</td> <td style="text-align: right;">357.72</td> </tr> <tr> <td>Payments to Date</td> <td style="text-align: right;">-357.72</td> </tr> <tr> <td style="text-align: right;">Balance</td> <td style="text-align: right;">0.00</td> </tr> </table>					ORDER SUMMARY		Total Sales for Order	357.72	Payments to Date	-357.72	Balance	0.00
ORDER SUMMARY												
Total Sales for Order	357.72											
Payments to Date	-357.72											
Balance	0.00											
04/05/22	357.72	Credit Card XXXXXXXXXXXXX1624										

SUBTOTAL	357.72
S&H CHARGES	0.00
TAX	0.00
PAYMENTS	-357.72
AMOUNT DUE	0.00

* This line is taxable



DAVID BROOKSHIRE
COUNTY WATER DIST BLS HT

Account Number: #### #### 3586
Closing Date: 04/08/22
Credit Limit: \$2,000.00
Available Credit: \$1,844.00
Cash Advance Limit: \$2,000.00
Cash Advance Available: \$1,844.00



Account Inquiries



Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881



Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA, FL 33630-3495



To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	\$	37.50
Purchases	+	117.00
Cash	+	0.00
Special	+	0.00
Credits	-	29.00
Payments	-	37.50
Other Debits	+	66.50 *
Finance Charges	+	1.50
NEW BALANCE	\$	156.00

Payment Information



Total Minimum Payment Due \$40.00
Payment Due Date 05/03/22

Minimum Payment	\$	20.00
Past Due Amount	\$	20.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Important News

NEW OR RE-ISSUED FIRST INTERSTATE BANK BUSINESS CREDIT CARDS MUST BE ACTIVATED BY CALLING 1-866-333-4761. WHEN CALLING, YOU WILL BE ASKED TO ENTER THE LAST FOUR DIGITS OF YOUR COMPANY'S TAX ID NUMBER.

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
03/22	03/23	PPLN01	55500362081207000000022	CREATIVE MONOGRAMS SMB BILLINGS MT	\$ 117.00
Payments, Adjustments and Others					
04/05	04/05		L04052022027870	PAYMENT - THANK YOU	37.50
04/05	04/06	PPLN01	70006102096777096390017	RETURNED PAYMENT FEE	29.00
04/05	04/06	PPLN01	70006102096777096390017	RETURNED CHECK	37.50
04/05	04/08	PPLN01	70006102098777098370015	RETURNED CHECK FEE REV	29.00

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

THANK YOU FOR YOUR RECENT PAYMENT, HOWEVER, YOUR ACCOUNT REMAINS ONE PAYMENT PAST DUE. PLEASE SEND IN YOUR PAYMENT IMMEDIATELY TO AVOID ANY LATE CHARGES.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY 5150

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918



Account Number

3586

Check box to indicate name/address change on back of this coupon

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
04/08/22	\$156.00	\$40.00	05/03/22

AMOUNT OF PAYMENT ENCLOSED

\$ 156.00

DAVID BROOKSHIRE
COUNTY WATER DIST BLS HT
1540 POPELKA DRIVE
BILLINGS MT 59105-3399



MAKE CHECK PAYABLE TO:



MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138





DAVID BROOKSHIRE
COUNTY WATER DIST BLGS HT

Account Number: ##### 3586
Closing Date: 04/08/22
Credit Limit: \$2,000.00
Available Credit: \$1,844.00



IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions) The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions) To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase "Please Direct Written Inquiries to."

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date The closing date is the last day of the billing cycle, all transactions received after the closing date will appear on your next statement.

Annual Fee If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, "Please Direct Written Inquiries to," as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- ◆ Your name and account number
- ◆ The dollar amount of the suspected error
- ◆ Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

156.00 Statement balance
- 117.00 new charges

39.00

fraud on checking account so
payment last mo (37.50) was
returned - need to process/pay
again plus finance charge

8226
P/B

Voice: 406-259-9925
Fax: 406-259-9766
www.creativemonograms.com



Invoice
Invoice Number: 89197
Invoice Date: Mar 22, 2022
Page: 1

Sold To:
BILLINGS HEIGHTS WATER DISTRICT
1540 POPELKA DRIVE
BILLILNGS, MT 59105

Ship To:
BILLINGS HEIGHTS WATER DISTRICT
1540 POPELKA DRIVE
BILLILNGS, MT 59105

PHONE: 406-252-0539
Phone:

FAX:

CHECK OUT OUR PENS, CALENDARS, MUGS, AND OTHER ADVERTISING ITEMS!!

Customer ID	Customer PO	Payment Terms	
020043	PAYTON 696-0636	Net 30 Days	
Sales Rep ID	Office Use	Ship Date	Due Date
CM ACCOUNT	SK 507#20		4/21/22

Quantity	Description	Unit Price	Extension
2.00	ST657 POLO XXL WITH LEFT CHEST LOGO	27.00	54.00
2.00	ST405 POLO XXL WITH LEFT CHEST LOGO	20.00	40.00
1.00	K568 POLO XXL WITH LEFT CHEST LOGO	23.00	23.00

CREATIVE MONOGRAMS SMB
122 N 30TH STREET
BILLINGS, MT 59101
03/22/2022 10:45:48
CREDIT CARD
MC SALE
Card # XXXXXXXXXXXX3586
Network: MASTERCARD
Chip Card: Mastercard
AID: A0000000041010
SEQ #: 1
Batch #: 1795
INVOICE 2
Approval Code: 65483E
Entry Method: Chip Read
Mode: Issuer
Tax Amount: \$0.00

Thank You!!

Picked Up By: _____
PLEASE PA
NO STATE

SALE AMOUNT \$117.00

INVOICE	Subtotal	117.00
	Freight	
	Invoice Total	117.00
	Payment Received	
	TOTAL	117.00

Che
CUSTOMER COPY

OVER 30 DAYS M... MONTH (\$5.00 MINIMUM) & COLLECTION FEES

INVOICE

Battery Systems Inc.

Branch: 165-Billings
Branch Phone: (406) 294-5077

accounting@batterysystems.net
310-667-9320 x13081



INVOICE	
7574293	
Invoice Date	Page
4/26/2022 13:10:59	1 of 1
ORDER NUMBER	
5970627	

Bill To:

County Water District of Billings Height
1540 Popelka Dr
Billings, MT 59105-4468
US
Attn: Peyton Brookshire

Ship To:

County Water District of Billings Height - 1272969
1540 Popelka Dr
Billings, MT 59105-4468
US

Ordered By: Mr. AP AP

***** REMIT TO: ATTN: ACCOUNTS RECEIVABLE, PO BOX: 735568, Dallas TX 75373-5568 *****

Customer ID:	Term Description	Net Due Date	Taker
1272969	Net 30	5/26/2022	SEAN.DIXON
PO Number	andy-4/26/2022 13:09:09		

Order Date	Pick Ticket No	Primary Salesrep	Carrier Name	Tracking Number
4/26/2022 13:08:00	6641237	Chris Seab	Our Truck (OT)	

Quantities					Item ID Item Description	Pricing UOM Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM Unit Size	Disp.				
2	2	0	EA		65LTV 65,880CCA,150RC	EA 1.0000	138.8288	277.66
2	2	0	EA		A-CORE A CORES	EA 1.0000	0.0000	0.00

Total Lines: 2

SUB-TOTAL: 277.66

TAX: 0.00

AMOUNT DUE: 277.66

8233
JS

APR 26 2022
MOR: _____ DU: _____
No.: 1785 Date Ad.: 4/26/22

WARRANTY VOID ON BROKEN BATTERIES ■ PRORATED WARRANTY

WARNING - POISON/DANGER CAUSES SEVERE BURNS ■ KEEP OUT OF REACH OF CHILDREN

Batteries produce explosive gases ■ Keep sparks, flame, cigarettes away

Ventilate when charging or using in enclosed space ■ Always shield eyes when working near batteries

Batteries, Wet, Filled with Acid, Corrosive, Class 8 ■ ID #UN2794, PG111 - Emergency # (800) 424-9300 CHEMTREC

CUSTOMER IS RESPONSIBLE TO PROPERLY PACK AND SECURE LOAD FOR SAFE TRANSPORT

HAZARDOUS MATERIAL LICENSE #136172 Batteries Disposed of at RSR, 720 S 7th Ave., City of Industry, CA 91764. EPA #CAD066233966

April 14, 2022
 Invoice Number: 1155224041422
 Account Number: 8313 20 001 1155224
 Security Code: 6982
 Service At: 1540 POPELKA DR
 BILLINGS MT 59105-4468

NEWS AND INFORMATION

Contact Us
Questions about your bill or services?
 Visit SpectrumBusiness.net or call 1-888-812-2591

Summary *Service from 04/14/22 through 05/13/22
 details on following pages*

Previous Balance	279.96
Payments Received -Thank You!	-279.96
Remaining Balance	\$0.00
Spectrum Enterprise Internet™	139.98
Current Charges	\$139.98
Total Due by 05/01/22	\$139.98



8344
JS

Thank you for choosing Spectrum Enterprise.
 We appreciate your prompt payment and value you as a client.

APR 26 PAID
 MBR: _____ SU. MBR _____
 No. 17786 Date Pd. 4/26/22

4145 S FALKENBURG RD RIVERVIEW FL 33578-8652
 8634 0160 NO RP 14 04152022 NNNNNYNN 01 000977 0005

COUNTY WATER DISTRICT
 1540 POPELKA DR
 BILLINGS MT 59105-4468

April 14, 2022

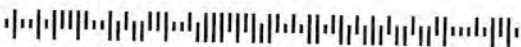
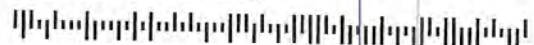
COUNTY WATER DISTRICT

Invoice Number: 1155224041422
 Account Number: 8313 20 001 1155224
 Service At: 1540 POPELKA DR
 BILLINGS MT 59105-4468

Total Due by 05/01/22	\$139.98
Amount you are enclosing	\$

Please Remit Payment To:

CHARTER COMMUNICATIONS
 PO BOX 94188
 PALATINE IL 60094-4188



831320001115522400139980

FERGUSON®

WATERWORKS

6715 WEST OVERLAND DRIVE
IDAHO FALLS, ID 83402-5700

INVOICE NUMBER	TOTAL DUE	CUSTOMER	PAGE
0803852	\$78.22	43615	1 of 1

**PLEASE REFER TO INVOICE NUMBER WHEN
MAKING PAYMENT AND REMIT TO:**

FERGUSON WATERWORKS #1701
PO BOX 802817
CHICAGO, IL 60680-2817

Please contact with Questions: 208-528-7490

10067 1 MB 0.485 E0459X I0669 D8973247622 S2 P8965452 0001:0001



COUNTY WATER DISTRICT OF BILLI
1540 POPELKA DR
BILLINGS MT 59105-4468

SHIP TO:

SHIP WHSE.	SELL WHSE.	TAX CODE	CUSTOMER ORDER NUMBER	SALESMAN	JOB NAME	INVOICE DATE	BATCH
2006	2006	MTONLY	PEYTON	MDW	PL2 PARTS	04/14/22	IO 41659

ORDERED	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	UM	AMOUNT
2	2	SP-M681847	PL-2 MACHINE KIT	39.110	EA	78.22
INVOICE SUB-TOTAL						78.22

LEAD LAW WARNING: IT IS ILLEGAL TO INSTALL PRODUCTS THAT ARE NOT "LEAD FREE" IN ACCORDANCE WITH US FEDERAL OR OTHER APPLICABLE LAW IN POTABLE WATER SYSTEMS ANTICIPATED FOR HUMAN CONSUMPTION. PRODUCTS WITH *NP IN THE DESCRIPTION ARE NOT LEAD FREE AND CAN ONLY BE INSTALLED IN NON-POTABLE APPLICATIONS. BUYER IS SOLELY RESPONSIBLE FOR PRODUCT SELECTION.



Handwritten notes: No. 17187 Date of 4/26/22

Looking for a more convenient way to pay your bill?

Log in to **Ferguson.com** and request access to Online Bill Pay.



TERMS: NET 10TH PROX	ORIGINAL INVOICE	TOTAL DUE	\$78.22
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All past due amounts are subject to a service charge of 1.5% per month, or the maximum allowed by law, if lower. If Buyer fails to pay within terms, then in addition to other remedies, Buyer agrees to pay Seller all costs of collection, including reasonable attorney fees. Complete terms and conditions are available upon request or at <https://www.ferguson.com/content/website-info/terms-of-sale>, incorporated by reference. Seller may convert checks to ACH. *Any reference to or incorporation of Executive Order 14042 and/or the EO-implementing Federal clauses (FAR 52.223 -99 and/or DFARS 252.223-7999) is expressly rejected by Seller and shall not apply as Seller is a materials supplier and therefore exempt under the Executive Order.*



P.O. BOX 1000
 1455 MERRILL LANE
 BILLINGS, MT 59101-1000

ORDER NO. 406-55-0030 FAX 406-55-0030
 REQUIRED DATE 04/14/23 SHIP WHS. SELL WHS.
 4063937 04/14/23 3006 2006

8236
DAS

STOCK ORDER

ACCEPTED BY: []
 CHECKROOM: []
 SOURCE: SOE
 FB REP: []
 DB SHIP: []
 14 APR 2022 13:21:00
 SALESMAN: []
 WRITER: []
 TAG PO. NO.: []
 OML CONTACT: []
 VENDOR: []
 VENDOR PO. NO.: []
 ROUTE NO.: []
 RUN NO.: []
 DEPART TIME: []
 ROUTE DESC.: []
 PACKED BY: []
 CHECKED BY: []
 P.O. NO.: []
 AISLE LOC: []

INSTRUCTIONS: []
 SHIP VIA: SA SALESMAN AUTO
 PCS: [] BAGS: [] BOXES: [] CRATES: [] LENGTHS: [] BUNDLES: []
 SHIP WT.: [] SHIP DATE: []
 DELIVERED BY: []
 TOTAL: []

ORDERED BY: PEYTON
 ORDER DATE: 11/16/21
 ATTN: []
 DESCRIPTION: []
 UNIT PRICE: []
 U/M: []
 TOTAL: []

LINE	ORDER QTY.	SHIP QTY.	ITEM CODE	DESCRIPTION	UNIT PRICE	U/M	TOTAL	TAX	LESS DEPOSIT	TOTAL DUE
1	1	1	10001097	10001097						
NO RETURNS ALLOWED WITHOUT PROPER AUTHORIZATION. RETURNED MATERIALS SUBJECT TO HANDLING CHARGES. SEE REVERSE SIDE FOR IMPORTANT TERMS AND CONDITIONS OF SALE AND LIMITATIONS OF WARRANTY.										

CUSTOMER NO. 406-55-0030 CONTRACT NO. 4063937
 CUSTOMER ALPHA 4063937
 JOB NAME 312 PARTS
 CUSTOMER PO. NO. 406-55-0030
 ORDER DATE 11/16/21
 ORDERED BY PEYTON
 DESCRIPTION 10001097
 UNIT PRICE
 U/M
 TOTAL
 TAX
 LESS DEPOSIT
 TOTAL DUE

CUSTOMER'S SIGNATURE: _____ DATE: _____ TERMS: CUSTOMER COPY



PLEASE MAIL PAYMENTS TO:
 INTERSTATE ENGINEERING, INC.
 PO BOX 2035 • JAMESTOWN, ND 58402
 PH: 701.252.0234

County Water District of Billings Heights
 1540 Popelka Drive
 Billings, MT 59105

April 21, 2022
 Project No: WR2204072
 Invoice No: 46866

Hydraulic Model for High Sierra Subdivision 21st Filing
 Billings, Montana

Professional Services from March 9, 2022 to April 23, 2022
Professional Personnel

	Hours	Rate	Amount
ADMIN I	1.00	70.00	70.00
ENG I	13.50	110.00	1,485.00
ENG V	1.00	210.00	210.00
TECH V	4.50	147.00	661.50
Totals	20.00		2,426.50
Total Labor			2,426.50
Total this Invoice			\$2,426.50

Interest of 1.5% per month will be applied to all invoices over 60 days old.

Please call me if you have any questions regarding this invoice.

Lowell Cutshaw, PE
 406.445.3133

INV 267

APR 27 PMD
 NBR: _____ BY: NBR _____
 No.: 1788 Date Ed. 4/27/22



MT Waterworks & Irrigation

7128 Commercial Ave

Billings MT 59101
USA

A/R INVOICE

Copy

Invoice No.: AR 37503
 Invoice Date: 04/26/22
 Due Date: 05/10/22
 Customer No.: C10054
 Customer Ref. No.: 8 HYMAX
 Page No.: Page 1 of 1

BILL TO
County Water District of Billings Heig 1540 Popelka Drive Billings MT 59105 USA



SHIP TO
County Water District of Billings Heig 1540 Popelka Drive Billings MT 59105 USA

Terms: net 10th of next month
 Ship Via:

Sales Employee: -No Sales Employee-
 Contact Name: Peyton Brookshire

Item No.	Description	Quantity	Unit Price	Shipped	UOM	Total
86054021716	8 HYMAX 2 COUPLING 8.54-9.84	2	\$ 340.64	2	EA	\$ 681.28

Customer Account as of 04/26/22:

Balance: \$ 681.28
 Credit Limit: \$ 0.00

Subtotal \$ 681.28

Total \$ 681.28

Remarks: 8" HYMAX - PEYTON Based On Sales Orders 31895. Based On Deliveries 27580.

Balance Due \$ 681.28

PLEASE REMIT THIS AMOUNT

APR 26 2022
 MBR: BU MBR
 No.: 1789 Date Pd.: 4/26/22



MT Waterworks & Irrigation

7128 Commercial Ave

Billings MT 59101
USA

Phone 406-294-4455

Fax 406-294-4459

SALES ORDER

SHIP WEEK	PAGE	SALES ORD. NO.	CANCEL DATE	CUST. NO.
04/04/22	1	SO 31895	05/04/22	C10054

SOLD TO

*8236
PPJ*

County Water District of Billings Heights

1540 Popelka Drive

Billings MT 59105

USA

SHIP TO

County Water District of Billings Heights

1540 Popelka Drive

Billings MT 59105

USA


ORDER DATE 04/25/22	PURCHASE ORDER NO. 8 HYMAX	SHIP VIA	F.O.B.	TERMS net 10th of next month		
BUYER Peyton Brookshire	LOCATION	SALESPERSON -No Sales Employee-		DATE REQUESTED 04/04/22		
CODE	DESCRIPTION	QTY REMAINING	UOM	On Hand	Whse	Location
86054021716	8 HYMAX 2 COUPLING 8.54-9.84	2	EA	14	10	W6-C-2

REMARKS

8" HYMAX - PEYTON

Signature

Date

Post Office <i>Bigs</i>		Station <i>Borneu</i>		Receipt Number 05	
<input type="checkbox"/> P.O. Receipt for Money		Finance Number	Unit ID	AIC Number <i>070</i>	
Receipt for: (indicate purpose) <i>One thousand Six hundred forty Eight & ⁵⁷/₁₀₀</i>				Amount \$ <i>1648.⁵⁷</i>	
Received from: (show address only when receipt is mailed) <i>Cowater Distr Heights</i>			Permit Number or SSN (Employees only) <i>108</i>		
<input type="checkbox"/> P.O. Box/Caller Service Fees		Information on your PS Form 1093, Application for Post Office Box or Caller Service, must be updated if it is changed. For regulations pertaining to P.O. Boxes, see rules for use of Post Office Boxes and Caller Service on PS Form 1093.			
Customer name:			Amount \$	AIC Number	
Box/Caller Number(s)	<input type="checkbox"/> For one semiannual payment period (AIC 158) <input type="checkbox"/> For annual payment period (AIC 115) <input type="checkbox"/> Reserved Number Fee (AIC 115) (Ending date / /) (mm/dd/yyyy)			Postmark	
Certifying Signature <i>P. Conner</i>					

4/29/2022

Ascensus Trust Co

**3,437.59

Three Thousand Four Hundred Thirty-Seven and 59/100*****

Ascensus Trust Co
P. O. Box 36472
Newark, NJ 07188-6472

Ascensus Trust Co
401 (K) Profit Sharing
401(K) Employer

4/29/2022

1,853.81
1,583.78

OPERATIONS & MAI

3,437.59

Ascensus Trust Co
401 (K) Profit Sharing
401(K) Employer

4/29/2022

1,853.81
1,583.78

OPERATIONS & MAI

3,437.59

AFR Notification

From: mcb_ach_dbd@ascensus.com

To: cwaterdistrict@yahoo.com

Date: Thursday, April 28, 2022, 11:36 AM MDT

Your plan: COUNTY WATER DISTRICT OF BILLINGS HEIGHTS PSP; 259835**Your payroll information has been received.**

This e-mail address was designed for the delivery of information only. Please do not send responses to this address since we cannot guarantee that your e-mail will be received. Please call 888-652-8087 with questions or to take further action. Thank you.

Ascensus

Package # 47381175

April 28, 2022

01:35 PM

**Automated Funding Request
Fisher Investments Fee Based RK Only**

Client Service Team 1-888-652-8087

To: cwater district

Payroll: 04/29/2022

Email: cwaterdistrict@yahoo.com

Site: P - Employer Contributions

Plan Name: COUNTY WATER DISTRICT OF BILLINGS HEIGHTS PSP

Plan Number: 259835

Funding Confirmation

EMPLOYER MATCH: \$1,583.78

EMPLOYER PROFIT SHARING: \$1,853.81

Total Amount of Funding Due: \$3,437.59

Funding Method: ACH Ascensus Initiated Payment

Please Note:

- As per prior authorization, your account will be automatically debited in order to fund this payroll submission.
- The Payroll Period of April 29, 2022 for Employer Contributions has been assigned to this submission based on your payroll calendar and/or your transmittal information.