REQUE	EST FOR PA	YMENT - B	AY STAT	E COMPA	NIES	Speci	al Handling Instructions
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VOUCHER		X	X		1	li	
Request Date:	10/2	20/06	Invoice Date:	10/	01/06		
PO #:						i	
Invoice #:		-	10017	<del></del> -		į	
Payee:		olution Man	agement, IN	C.			
emit to Address:	10 West Bro	oadway		_		i i	
Remit to City, State, Zip Code:		ity, Utah 841	01-1917	_		WIRE	ACH
Total Payment:			=	<del></del>		If Wire or ACH, plo  Bank Account:	ease fill out the information directly below.
i otat rayment:			\$160.98	}		ABA #:	
Descripti	on of Charges	if description e	voeeds space pr	rovided please s	ubmit on a separate	sheet(s):	A/P DPT USE ONLY - RECV'D
		n the actual in than total payment)	nvoice amoun	t, please give r	tiations from the		
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# DISPUTE RESOLUTION MANAGEMENT, INC.



## Invoice

**BILL TO** 

NiSource Corporate Services James H. Keshian Senior Attorney 300 Friberg Parkway Westborough, MA 01581

### Dispute Resolution Management, Inc.

10 West Broadway Suite 311 Salt Lake City, Utah 84101 E.I.N. 87-0565697

DATE

INVOICE #

10/1/2006

10017

DESCRIPTION

**AMOUNT** 

Courier Phone

155.95 5.03

**Amount Due** 

\$160.98

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	UEST FOR PA	YMENT - B	AY STAT	E COMPA	NIES	ľ			g Instructions	
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PO	#:					li I				
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Remit to Addre	ss: 10 West Br	oadway								
Remit to Ci State, Zip Coo	ty, le: Salt Lake C	City, Utah 841	01-1917			ļ	VIRE	ase fill out th	ACH ne information dire	ectly below
						<u> </u>	<del></del>	asc III out u	ic information une	ectly below.
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## Invoice

**BILL TO** 

NiSource Corporate Services James H. Keshian Senior Attorney 300 Friberg Parkway Westborough, MA 01581 Dispute Resolution Management, Inc.

10 West Broadway Suite 311 Salt Lake City, Utah 84101 E.I.N. 87-0565697

DATE

INVOICE #

11/1/2006

10018

DESCRIPTION

**AMOUNT** 

Courier Copies

2.20 161.40

**Amount Due** 

\$163.60



11/1/2006

# **Statement**

NiSource Corporate Services James H. Keshian Senior Attorney 300 Friberg Parkway Westborough, MA 01581

#### Dispute Resolution Management, Inc.

10 West Broadway Suite 311 Salt Lake City, Utah 84101 E.I.N. 87-0565697

DATE	DESCRIPTION	AMOUNT	BALANCE
10/01/2006	Balance forward		197.37
11/01/2006	INV #10018.	163.60	360.97

AMOUNT DUE

<u>\$360.97</u>

 CURRENT
 1-30 DAYS PAST DUE
 31-60 DAYS PAST DUE
 61-90 DAYS PAST DUE
 OVER 90 DAYS PAST DUE

 163.60
 0.00
 160.98
 36.39
 0.00

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	REQUE	ST FOR PA	YMENT - B	AY STAT	E COMPAI	NIES	Spec	ial Handling Instructions	i
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	Request Date:	12/0	04/06	Invoice Date:	12/0	 )1/06			į
	PO #:		<u> </u>		<u> </u>				į
	Invoice #:			10019			İ		]
	Payee:	Dispute Res	solution Man	agement, IN	C.				İ
Remi	t to Address:	10 West Bro	oadway						
	Remit to City, te, Zip Code:	Salt Lake C	ity, Utah 841	01-1917			WIRE  If Wire or ACH, p	ACH lease fill out the information directly	y below.
То	tal Payment:			\$45.28	· <del></del>		Bank Account:		
				,#45.20 			ABA #:		_
	Descripti	on of Charges	if description e	xceeds space p	rovided, please su	ıbmit on a separate	e sheet(s):	A/P DPT USE ONLY - RE	CCV'D
	tal Payment is	s different tha			it, please give r	eason below:			
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СО	COST	CTR	ACCO	UNT#	Sub Acct#	COST CAT	WO#	AMOUÑ	Γ
77	059	900	518	225	0013	1645		\$22.64	

# DISPUTE RESOLUTION MANAGEMENT, INC.



## Invoice

**BILL TO** 

NiSource Corporate Services James H. Keshian Senior Attorney 300 Friberg Parkway Westborough, MA 01581 Dispute Resolution Management, Inc.

10 West Broadway Suite 311 Salt Lake City, Utah 84101 E.I.N. 87-0565697

DATE

INVOICE #

12/1/2006

10019

DESCRIPTION

**AMOUNT** 

Copies

Copies of environmental info to send to St. Paul Insurance Company

45.28

**Amount Due** 

\$45.28

REQU	EST FOR PA	YMENI - D	MISIMI					ing Instructi	
CASH	GSG - #73	NUM - #76		BSM - #80		j			
VOUCHER	<del></del>	X	X						
Request Date:	01/	10/07	Invoice Date:	01/	02/07	)! N S			
PO #	:								
Invoice #	:		10020			] [			
Payee		solution Man	agement, IN	C.		1			
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Remit to City	, Cald Laba (	24. II4. b 0.41	101 1017			WIRE	T	ACH	<del>_                                    </del>
State, Zip Code	: Salt Lake C	.ity, ∪tan <b>84</b> 1	101-1917			If Wire or ACH, p	lease fill out	the information	directly below.
Total Payment	:			•		Bank Account:			
			\$25.22		.~	ABA #:			-
Descrip	tion of Charges	- if description e	exceeds space pr	rovided, please s	ubmit on a separate	sheet(s):	A/P D	PT USE ONL	Y - RECV'D
St. Paul Insur							ł		
If Total Payment Invoice	Amount (if differen	it than total payment)							
If Total Payment Invoice PLEASE RE	Amount (if differen	nt than total payment) HE DISBURSE	MENT APPR	OVAL POLIC	Y FOR A COMP	LETE LIST OF PR			
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## Invoice

**BILL TO** 

NiSource Corporate Services James H. Keshian Senior Attorney 300 Friberg Parkway Westborough, MA 01581 Dispute Resolution Management, Inc.

10 West Broadway Suite 311 Salt Lake City, Utah 84101 E.I.N. 87-0565697

DATE

INVOICE #

1/2/2007

10020

DESCRIPTION

Courier shipment to St. Paul Insurance Company

**AMOUNT** 

25.22

**Amount Due** 

\$25.22