

# INVOICE

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MAR 22 2009

**Remittance Address:**

CH Diagnostic & Consulting Service, Inc.  
512 5th Street  
Berthoud, CO 80513  
970-532-2078

**Invoice Number** 20090253

**Invoice Date** 3/5/2009

**PO Number**

**Contract Number**

**Customer:** 20011350

Meadow Mountain Water  
Attn: Accounts Payable  
PO Box 162  
Allenspark, CO 80510

**Please include Invoice number with payment.**

**Invoice Due Date: April 15, 2009**

Description of Services	Quantity	Unit Price	Discount	Amount
E. coli Analysis	1	\$35.00	0.00%	\$35.00
Total Coliform	1	\$35.00	0.00%	\$35.00

*We appreciate your business!*

**Invoice Total** **\$70.00**