

INVOICE

Remittance Address:

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

Invoice Number 20090365**Invoice Date** 4/1/2009**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: May 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**