

# INVOICE

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DEC 01 2009

**Remittance Address:**

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

**Invoice Number** 20091434  
**Invoice Date** 11/24/2009  
**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: January 03, 2010**

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

*We appreciate your business!*

**Invoice Total** **\$35.00**