ATTACHMENT

NEW SCAN LINE →

ID0I0001RE12340001033000000000940000000002110393612563234700000000001

NEW LOCK BOX ADDRESS →

NEW REMIT CODE →

INVOICE	Customer Name		PAGE 1
Remit to: DIVISION OF INSURANCE	SCANLINE MANUFACTURING - USA		
PO BOX 370009	Customer Number	Invoice Number	Invoice Date
	1111111100010	REDOI12340001033	10/24/93
BOSTON MA 02241-0709	Dept. Cust. Code	Amount Due	Due Date
		1,256,323.47	11/03/93
	DOI 0001		Amount Enclosed

SCANLINE MANUFACTURING - USA
ATTN: PAYABLES
68 BYTE STREET

BOSTON MA 01010

Payment Method: Check ☐ Money Order ☐

☐ Please check if address has changed. Write correct address on back of stub and enclose with payment.

Please write Invoice No. on front of check or Money Order. DO NOT MAIL CASH

Please detach the above stub and return with your remittance payable to: COMMONWEALTH OF MASSACHUSETTS

The Commonwealth of Massachusetts

DIVISION OF INSURANCE

ORIGINAL PAGE 1

Customer Number	Dept. Cust. Code	Orig. Inv. Date	Orig. Due Date
1111111100010	STATEMENT	10/24/93	11/03/93

Customer Name	Invoice Number	Invoice Date	Due Date
SCANLINE MANUFACTURING - USA	REDOI12340001033	10/24/93	11/03/93

Ref Line No.	DESCRIPTION	Date of Service	No. of Units	Unit of Measure	Unit Price	Charges/ Credit
01	TEST	10/24/93				1,256,323.47
					TOTAL INVOICE AMT	1,256,323.47

CONTACT: (617) 973-0724 DOI