

Sowell Page - Colonics  
Medical Bills

ADPTU

THE AMERICAN RESCUE  
TEAM INTERNATIONAL EPRC

P.O. BOX 534  
SANDIA PARK, NM 87047  
(505)459-1345

3161

PAY  
TO THE  
ORDER OF

Sornell Page

DATE

March 4/2003 11-35/1210

\$ 64.00

sixty-four

DOLLARS

Bank of America.

Half Moon Bay  
620 Main St.  
Half Moon Bay CA  
650.728.4475

FOR

Colonies med treatment

Angela F. Coyne

⑆003161⑆ ⑆121000358⑆ 01817⑆02316⑆

⑆0000006400⑆

THE AMERICAN RESCUE  
TEAM INTERNATIONAL EPRC

P.O. BOX 534  
SANDIA PARK, NM 87047  
(505)459-1345

3162

PAY  
TO THE  
ORDER OF

Sornell Page

DATE

March 7/2003 11-35/1210

\$ 64.00

sixty-four

DOLLARS

Bank of America.

Half Moon Bay  
620 Main St.  
Half Moon Bay CA  
650.728.4475

FOR

Colonies

Angela F. Coyne

⑆003162⑆ ⑆121000358⑆ 01817⑆02316⑆

⑆0000006400⑆

03/12/03 LA,CA  
12200661 10  
3298 537 90000040600  
3850117955

MAR 10 03

0450 97976

*Serial file*

MFB LA, CA 03122003  
TRACER \* 1687 PKT. 000  
122105278  
0920395292

MFB ALB, MN 03/10/03  
TRACER \* 4326 020  
▶ 1221-0527-84  
3130592770

03/12/03 LA,CA  
12200661 10  
3298 537 90000040600  
60117954

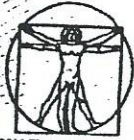
MAR 10 03

0450 97976

*Serial file*

MFB LA, CA 03122003  
TRACER \* 1687 PKT. 000  
122105278  
0920395292

MFB ALB, MN 03/10/03  
TRACER \* 4326 020  
▶ 1221-0527-84  
3130592770



THE AMERICAN RESCUE TEAM  
INTERNATIONAL/EPRC  
P O BOX 489 510-523-5493  
ALAMEDA, CA 94501

1110

DATE March 12/2003 90-7182/3222

PAY TO THE  
ORDER OF

Sornell Page

\$ 64.00

sixty-four

DOLLARS  Security features included. Details on back.

**Washington Mutual**  
Washington Mutual Bank, FA  
Alameda Financial Center 1088  
2270 Oaks Drive  
Alameda, CA 94501

1-800-788-7000  
24 Hour Customer Service

FOR medical treatment

Dr. J. Copp

⑆322271627⑆379⑆339288⑆3⑆ 1110 ⑆0000006400⑆

© HARLAND STYLE 28 CAMBRIDGE



THE AMERICAN RESCUE TEAM  
INTERNATIONAL/EPRC  
P O BOX 489 510-523-5493  
ALAMEDA, CA 94501

1111

DATE March 9/2003 90-7182/3222

PAY TO THE  
ORDER OF

Sornell Page

\$ 64.00

sixty-four

DOLLARS  Security features included. Details on back.

**Washington Mutual**  
Washington Mutual Bank, FA  
Alameda Financial Center 1088  
2270 Oaks Drive  
Alameda, CA 94501

1-800-788-7000  
24 Hour Customer Service

FOR medical treatment

Dr. J. Copp

⑆322271627⑆379⑆339288⑆3⑆ 1111 ⑆0000006400⑆

© HARLAND STYLE 28 CAMBRIDGE



THE AMERICAN RESCUE TEAM  
INTERNATIONAL/EPRC  
P O BOX 489 510-523-5493  
ALAMEDA, CA 94501

1107

DATE March 11/2003 90-7182/3222

PAY TO THE  
ORDER OF

Sornell Page

\$ 64.00

sixty-four

DOLLARS  Security features included. Details on back.

**Washington Mutual**  
Washington Mutual Bank, FA  
Alameda Financial Center 1088  
2270 Oaks Drive  
Alameda, CA 94501

1-800-788-7000  
24 Hour Customer Service

FOR medical treatment

Dr. J. Copp

⑆322271627⑆379⑆339288⑆3⑆ 1107 ⑆0000006400⑆

© HARLAND STYLE 28 CAMBRIDGE

*Daniel*

J424 92382

1221-0527-84  
FBI ALB. NH 03/14/03  
MAR 14 2003

1221-0527-84  
FBI ALB. NH 03/14/03  
MAR 14 2003

*Daniel*  
0448 31179

1221-0527-84  
FBI ALB. NH 03/24/03  
MAR 24 2003

1221-0527-84  
FBI ALB. NH 03/24/03  
MAR 24 2003

*Daniel*  
0448 31187

1221-0527-84  
FBI ALB. NH 03/24/03  
MAR 24 2003

1221-0527-84  
FBI ALB. NH 03/24/03  
MAR 24 2003

Medical Books and Equipment  
Bills

amazon.com

amazon.com  
1600 E Newlands Dr  
Fernley, NV 89408

**Billing Address:**

Douglas F. Copp  
PO Box 534  
Sandia Park, NM 87047  
United States

Douglas F. Copp  
27 Sumption Rd  
Albuquerque, NM 87047  
United States

**Shipping Address:**

Douglas F. Copp  
27 Sumption Rd  
Albuquerque, NM 87047  
United States



RENO

88cu25034/-4-/9698/econ-us/1489985/505-281-7977  
**Your order of September 14, 2002 (Order ID 104-8861789-1951942)**

Qty	Item	Item Price	Total
<b>IN THIS SHIPMENT</b>			
1	Dangerous Drug Interactions Teresa Gracdon --- paperback (** P-2-G22F5 **) 0312968264	\$6.99	\$6.99
1	Encyclopedia of Nutritional Supplements: The Essential Guide for Improving Your Health Naturally Michael T. Murray --- paperback (** P-4-A31B6 **) 0761504109	\$16.07	\$16.07
1	The A-Z Guide to Drug-Herb and Vitamin Interactions Schuyler W. Linsinger Jr. --- paperback (** P-1-N37G5 **) 0761515992	\$13.97	\$13.97
1	PDR for Nutritional Supplements Sheldon Saul Hendler --- hardcover (** P-2-G30G2 **) 1563633647	\$59.95	\$59.95

Subtotal	\$96.98
Shipping & Handling	\$6.96
Promotional Certificate	-\$6.96
Order Total	\$96.98
Paid via Visa	\$96.98
Balance due	\$0.00

This shipment completes your order.

137/88cu25034/-4-//RENO/9698/econ-us/1489985/0914-12:44/0915-11:02/sp021357784/1-1

<http://www.amazon.com>



For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more - 24 hours a day - at <http://www.amazon.com/your-account>

**Returns Are Easy!**

Visit <http://www.amazon.com/returns> to return any item - including gifts - in unopened or original condition within 30 days for a full refund (other restrictions apply). Please have your order ID ready.

Thanks for shopping at Amazon.com, and please come again!

amazon.com  
and you're done.

**THE HOME DEPOT 3501**  
 200 EUBANK S.E.  
 ALBUQUERQUE N.M. 87123 (505)271-1900

SALE 3501 0001 66215 01/22/03 05:21 PM  
 11 348



042269653313 VERTOLTCVR 3.97  
 781789732022 WIRECONNRE 1.57  
 054007490560 TRTNVEL 0.51  
 042269650253 JHL1/2RCBX 3.40  
 051411216920 CONNECTOR 2.99  
 078477121061 OUTLTADPTI 3.43  
 078477121061 OUTLTADPTI 3.43  
 032886263620 WIRE 12.67  
 047669215314 CORD COMBO 18.99  
 SUBTOTAL 50.96  
 TAX NM 5.812 2.96  
 TOTAL \$53.92  
 VISA/MC 53.92

XXXXXXXXXXXX3184  
 AUTH CODE 022381/5012367



3501 01 66215 01/22/03 6182

ORIGINAL RECEIPT REQUIRED FOR REFUND  
 SHOP ONLINE AT WWW.HOMEDEPOT.COM  
 FAUSTIN LOVATO/STORE MANAGER

IF THE TOTAL VALUE OF THE SHIPMENT IS GREATER THAN \$50/LB., \$50.00, OR THE C.O.D. AMOUNT, WHICHEVER IS LESSER, UNLESS A HIGHER VALUATION IS DECLARED AND CHARGES PAID THEREON.

WHITE - BILLING YELLOW - ACCOUNTING PINK - CONSIGNEE BLUE - SHIPPER

*Specialties*  
*Home Depot*

NMFS # 08556

Inc. *Alconex Ref #047139*  
 CUSTOMER/JOB NO.

Albuquerque, New Mexico 87106  
 (505) 842-9740 • Toll Free: 1 (888) 295-9510

**DELIVERY**

TO *Drug Corp*  
 STREET ADDRESS *2750 Sunption rd.*  
 CITY *Santa Park* STATE *N.M. 87047*  
 PHONE NO. CONTRACT

STATE ZIP  
 CONTRACT

REFERENCE NUMBER(S)	WEIGHT	Pcs	W	H	AMOUNT
	116				

Y IN GOOD *5 Corp*  
 PICKUP DRIVER SIGNATURE  
 PICKUP TIME AND DATE *3/22*  
 VERY TIME / DATE

DECL. VALUE	C.O.D.
INSURANCE	

**DIMENSIONAL WEIGHT**  
 DIMENSIONAL WEIGHT IS DETERMINED BY THE FOLLOWING EQUATION: L X W X H x .194 FOR EACH PIECE TENDERED TO NEW MEXICO FREIGHT SERVICES, INC. ALL DIMENSIONS ARE MEASURED IN INCHES.

**INSURANCE**  
 INSURANCE ON THE TOTAL VALUE OF THE SHIPMENT TENDERED ON EACH FREIGHT BILL MAY BE OBTAINED AT A COST OF \$.60 PER HUNDRED DOLLARS OF COVERAGE. REQUESTED COST WILL BE ADDED INTO THE CHARGES OF SPECIFIC FREIGHT BILL INVOICE.

BLUE - SHIPPER



COSTCO WHOLESALE  
#667 ALBUQUERQUE

BUSINESS MEMBER #333171561000

453456 OMRON HEM630 66.99  
\*\*\*\* 5.8125% TAX RATE 3.89  
TOTAL 70.88  
VF Check/Member Prntd 70.88  
CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 1  
CASHIER: GLORIA C. REG#8  
10/23/2002 10:40 0667 08 0022 43

Member Service 1-800-774-2616  
THANK YOU!!  
PLEASE COME AGAIN

I'm AMANDA. I'm here to serve you with  
our "7 Service Basics"

241 10 7464 05732 027

RFN# 0573-2277-4643-0210-0810

WLG 7DY CONT 1T 3.99  
WLG 7DY CONT 1T 3.99  
WLG 7DY CONT 1T 3.99  
SUBTOTAL 11.97

6.1875% SALES TAX .74  
TOTAL 12.71

ACCT#\*\*\*\*\*3613  
CREDIT CARD 12.71 CHANGE .00

RFN# 0573-2277-4643-0210-0810

THANK YOU  
FOR FASTER SERVICE, CALL IN YOUR  
PRESCRIPTION ORDER OR PLACE IT ON  
WWW.WALGREENS.COM 24 HOURS IN ADVANCE

RETAIN THIS RECEIPT FOR YOUR RECORDS

OCTOBER 8, 2002 6:50 PM

4121

STAY HEALTHY. CALL OR VISIT  
US FOR DETAILS ON PRESCRIPTIONS  
WWW.WALGREENS.COM 24 HOURS IN ADVANCE  
NOT PHONE

Medical Therapy in Canada  
Bills

**AQUA TERRA**  
 Natural Health Clinic Inc.  
 BOX 1203, ANTIGONISH, NS B2G 2B9  
 Phone: 902-867-2700 Fax: 902-867-1888

**RECEIPT**

NO. 4162

DATE: 21/06/2003

PAGE: 1 of 1

**SOLD TO:**

Doug Copp  
 Box 534  
 Sandia Park, New Mexico  
 USA

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	HST	PRICE	AMOUNT
NV60	1	Each	ND Visit - Initial Consultation	H	110.00	110.00
			H - HST @ 15%			16.50
			HST			

**PAID**  
 32

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
 Naturopathic Doctor  
 NSNA # 13

**CINDY CARSCADDEN RMT**  
 Registered Massage Therapist  
 MTANS # 9937

**TOTAL → 126.50**

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

A  
IC.  
1B9  
388

NO. 4161

DATE: 21/06/2003

PAGE: 1 of 1

ORD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 8382  
DATE/TIME 2003/06/21 16:12:15  
RECEIPT NUMBER S80563390-423-006  
PURCHASE  
TOTAL AMOUNT \$256.80

0 APPROVED 001  
THANK YOU

AUTH. # 151221

DESCRIPTION	HST	PRICE	AMOUNT
Magnesium IM Injection	H	15.00	15.00
312/Folic Acid Inject.-w/V	H	15.00	15.00
Cardio-Mag	H	25.00	25.00
Traumeel 30ml	H	16.80	16.80
CGF Chlorella 150tabs	H	41.50	41.50
H - HST @ 15%			
HST			17.00

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
Naturopathic Doctor  
NSNA # 13

**CINDY CARSCADDEN RMT**  
Registered Massage Therapist  
MTANS # 9937

**TOTAL → 130.30**

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

**A**  
**Inc.**  
5 2B9  
1888

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

NO. 4210

DATE: 26/06/2003

PAGE: 1 of 1

CARD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 6618  
DATE/TIME 2003/06/26 11:10:01  
RECEIPT NUMBER S80563390-426-003  
PURCHASE  
TOTAL AMOUNT \$155.83

NO APPROVED 001  
THANK YOU

AUTH. # 101006

DESCRIPTION	HST	PRICE	AMOUNT
ND Visit - IV Therapy - Vitamin C+	H	125.00	125.00
H - HST @ 15% HST			18.75
<b>PAID</b>			

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**

Naturopathic Doctor

NSNA # 13

**CINDY CARSCADDEN RMT**

Registered Massage Therapist

MTANS # 9937

**TOTAL →**

143.75

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain

**QUATERRA**  
**Natural Health Clinic Inc.**  
 PO BOX 1203, ANTIGONISH, NS B2G 2B9  
 one:902-867-2700 Fax:902-867-1888

**RECEIPT**

NO. 4214

DATE: 26/06/2003

PAGE: 1 of 1

**SOLD TO:**

Doug Copp  
 Box 534  
 Sandia Park, New Mexico  
 USA 87047

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	HST	PRICE	AMOUNT
LNS06	1	Each	S06 - Kali Phosphoricum 6X	H	10.50	10.50
			H - HST @ 15%			1.58
			HST			

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
*Naturopathic Doctor*  
 NSNA # 13

**CINDY CARSCADDEN RMT**  
*Registered Massage Therapist*  
 MTANS # 9937

**TOTAL** → 12.08

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

**A**  
nc.  
289  
1888

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

NO. 4630

DATE: 31/07/2003

PAGE: 1 of 1

ORD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 0621  
DATE/TIME 2003/07/31 11:54:07  
RECEIPT NUMBER S80563390-447-001

NDIVC	QTY	UNIT	DESCRIPTION	HST	PRICE	AMOUNT
	1	Each	ND Visit - IV Therapy - Vitamin C+ plus Glutathione	H	155.00	155.00
			H - HST @ 15% HST			23.25

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
Naturopathic Doctor  
NSNA # 13

**CINDY CARSCADDEN RMT**  
Registered Massage Therapist  
MTANS # 9937

**TOTAL** → 178.25

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

**A**  
**Inc.**  
3 2B9  
1888

NO. 4283

DATE: 02/07/2003

PAGE: 1 of 1

CARD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 0688  
DATE/TIME 2003/07/03 12:17:04  
RECEIPT NUMBER S80563390-430-005

NDIVC		DESCRIPTION	HST	PRICE	AMOUNT
	1 Each	ND Visit - IV Therapy - Vitamin C+ plus Glutathione	H	155.00	155.00
		H - HST @ 15% HST			23.25

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
Naturopathic Doctor  
NSNA # 13

**CINDY CARSCADDEN RMT**  
Registered Massage Therapist  
MTANS # 9937

**TOTAL → 178.25**

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain



# RECEIPT

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

**A**  
**Inc.**  
G 2B9  
-1888

NO. 4433

DATE: 17/07/2003

PAGE: 1 of 1

ORD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 1041  
DATE/TIME 2003/07/17 11:31:46  
RECEIPT NUMBER S80563390-438-001  
PURCHASE  
TOTAL AMOUNT \$178.25

0 APPROVED 001 AUTH. # 103151  
THANK YOU

DESCRIPTION	HST	PRICE	AMOUNT
ND Visit - IV Therapy - Vitamin C+ plus Glutathione	H	125.00	155.00
H - HST @ 15% HST			23.25

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
Naturopathic Doctor  
NSNA # 13

**CINDY CARSCADDEN RMT**  
Registered Massage Therapist  
MTANS # 9937

**TOTAL** →

178.25

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

**A**  
**Inc.**  
5 2B9  
1888

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

NO. 4532

DATE: 24/07/2003

PAGE: 1 of 1

CARD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 9084  
DATE/TIME 2003/07/24 12:01:53  
RECEIPT NUMBER S80563390-443-003  
PURCHASE  
TOTAL AMOUNT \$178.25

APPROVED 001  
THANK YOU

AUTH. # 110156

DESCRIPTION	HST	PRICE	AMOUNT
ND Visit - IV Therapy - Vitamin C+ plus Glutathione	H	155.00	155.00
H - HST @ 15% HST			23.25

**PAID**

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**  
Naturopathic Doctor  
NSNA # 13

**CINDY CARSCADDEN RMT**  
Registered Massage Therapist  
MTANS # 9937

**TOTAL →**

**178.25**

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# RECEIPT

**A**  
**Inc.**  
G 2B9  
-1888

AQUA TERRA NATURAL HEALTH  
219 MAIN ST  
ANTIGONISH NS

NO. 4342

DATE: 10/07/2003

PAGE: 1 of 1

CARD NUMBER 6018871012919974  
ACCOUNT TYPE CHEQUING 7325  
DATE/TIME 2003/07/10 12:31:22  
RECEIPT NUMBER S80563390-433-002  
PURCHASE -----  
TOTAL AMOUNT \$247.25  
-----

00 APPROVED 001 AUTH. # 113127  
THANK YOU

DESCRIPTION	HST	PRICE	AMOUNT
Botanical Tincture	H	0.24	60.00
H - HST @ 15%			
HST			9.00
<b>PAID</b>			
Aqua Terra Natural Health Clinic Inc. HST: #86891 0670			
DR. KUMAR BISWAS Naturopathic Doctor NSNA # 13	CINDY CARSCADDEN RMT Registered Massage Therapist MTANS # 9937	<b>TOTAL</b> →	69.00

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

This is your official receipt. Please retain.

# AQUATERRA

Natural Health Clinic Inc.

PO BOX 1203, ANTIGONISH, NS B2G 2B9

Phone: 902-867-2700 Fax: 902-867-1888

## RECEIPT

NO. 4338

DATE: 10/07/2003

PAGE: 1 of 1

**SOLD TO:**

Doug Copp

Box 534

Sandia Park, New Mexico

USA 87047

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	HST	PRICE	AMOUNT
NDIVC	1	Each	ND Visit - IV Therapy - Vitamin C+ plus Glutathione	H	155.00	155.00
			H - HST @ 15% HST			23.25

**PAID**  
BY

Aqua Terra Natural Health Clinic Inc. HST: #86891 0670

**DR. KUMAR BISWAS**

*Naturopathic Doctor*

NSNA # 13

**CINDY CARSCADDEN RMT**

*Registered Massage Therapist*

MTANS # 9937

**TOTAL** →

178.25

A \$25.00 fee is charged in lieu of 48-hr cancellation notice.

Trip to Canada for Medical Care  
Bills

71007

Trip to Canada for Medical Care  
Bills

00011

PART NO.	DESCRIPTION	AMOUNT
	seal	10.88
	oil & Antifreeze	2.75
<b>TOTAL PARTS:</b>		<b>13.63</b>

# W.E.T. Auto Services Ltd.

7344 Main Street  
 Louisbourg, N.S. B1C 1P5  
 Phone: 733-3173

N<sup>o</sup> 5917

NAME: Doug Copp HST REG. # \_\_\_\_\_  
 ADDRESS: USA DATE: July 20 03  
 VIN: \_\_\_\_\_ TELEPHONE / HOME: \_\_\_\_\_  
 YEAR: \_\_\_\_\_ MAKE: Suzuki MODEL: Samurai RATE: \_\_\_\_\_ TELEPHONE / BUSINESS: \_\_\_\_\_  
 LICENSE: \_\_\_\_\_

DESCRIPTION OF WORK	HOURS	AMOUNT
Replace transmission		
Seal		
Fill up 3 times		

ED PARTS TO BE KEPT?  YES  NO INITIAL: \_\_\_\_\_  
 ITEM ESTIMATE REQUIRED?  YES  NO INITIAL: \_\_\_\_\_  
 DATE GIVEN: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
 PHONE AUTHORIZATION BY: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_  
 TIME: \_\_\_\_\_

**I N I T I A L**

I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE TOGETHER WITH NECESSARY MATERIALS.  
 X

**O U T**

I HEREBY ACKNOWLEDGE MY INDEBTEDNESS IN THE AMOUNT OF \$ \_\_\_\_\_ BEING THE TOTAL AMOUNT OWING, OR BALANCE OWING, AS SHOWN HEREON.  
 X

PROMISED	TL LABOUR	96.25
	TL PARTS	13.63
	SUBTOTAL	109.88
	HST	16.48
	<b>TOTAL</b>	<b>126.36</b>

Thank You

THIS COMPANY DOES NOT ASSUME ANY RESPONSIBILITY WHATSOEVER FOR VEHICLES OR EQUIPMENT LEFT FOR REPAIRS. THIS WARRANTY IS VOID WHEREVER THE VEHICLE IS TAKEN BY OUR EMPLOYEES AT OWNERS RISK. REPAIRS ARE GUARANTEED FOR 90 DAYS OR 8,000 KM, WHICHEVER OCCURS FIRST. THE GUARANTEE TAKES EFFECT ON DELIVERY OF THE AUTOMOBILE.

NORTHSIDE PRINTERS LTD.

CENTRAL AUTO

DATE: JUNE 17 03

NAME: Doug Copp  
 ADDRESS: Halifax

SOLD BY	C.O.D.	CHARGE	ON ACCT.	ACCT.FWD
5.7				
2	87	Samurai		
3		transmission case		
4		inst. 44		
5				
6				
7				
8				
9				
10		30 day warranty		

TAX REG. NO.: 3942.27 SIGNATURE: \_\_\_\_\_  
 TOTAL: 700.00

BLUELINE DC41

UNILOWSKY HOLDINGS INC  
 30 REEVES STREET SYDNEY N.S.  
 PLEASE RETAIN THIS RECEIPT FOR  
 WARRANTY AND/OR REFUND WITHIN 30 DAYS  
 HST REG# 872050620  
 REG #: 1 06/30/2003 14:08:38 TRANS #: 205  
 OPERATOR #: 102

43-5661-4 WINDMERE CLIP \$ 9.99  
 24-7500-0 PROTECTOR WARE \$ 5.99  
 53-0332-4 AJAX CLEANER \$ 0.79  
 2X18-0236-6 e \$ 4.390 ea.  
 79-1652-6 OIL, 85W14 EP. GR \$ 8.78  
 (SAVED \$ 4.00) FLAG-CAR, 10X15 \$ 5.99  
 67-0018-6 GOOP, ADHESIVE/SE \$ 6.99  
 38-0267-8 OIL TREATMENT, S \$ 3.39  
 SUBTOTAL \$ 41.92  
 15% H.S.T \$ 6.29  
 07% H.S.T \$ 0.00  
 TOTAL \$ 48.21

DEBIT CARD #: 60188710\*\*\*\*9974  
 CARD READ  
 APPROVAL #: 130600

DEBIT TEND \$ 48.21  
 CHANGE \$ 0.00  
 CASH MONEY \$ 1.00

YOU SAVED \$ 4.00  
 CANADIAN TIRE.

DEBIT CARD TRANSACTION RECORD

CANADIAN TIRE STORE #107  
 30 REEVES STREET  
 SYDNEY, N.S.  
 BOP 3CS

ROYAL BANK: 0030200137307  
 OPERATOR: 102 REG #: 1 TRANS #: 205

TYPE: PURCHASE  
 AMT: CHEQUING \$ 48.21

CARD NUMBER: 60188710\*\*\*\*9974  
 03/06/30 14:05:34  
 REFERENCE: 60026437 0010019150 S

00 APPROVED - THANK YOU 001  
 AUTHORIZATION: 130600

THANK YOU FOR SHOPPING AT  
 CANADIAN TIRE

UNIVERSAL SUPERSTORE  
 TEL # 902-539-7657

COFFEE CHIPS 1 1.79  
 COFFEE 1 1.79  
 COFFEE 1 2.49  
 COFFEE 1 7.99  
 COFFEE 1 3.99  
 COFFEE 1 49.99  
 COFFEE 1 2.99  
 COFFEE 1 8.49  
 TOTAL 87.84

TERMINAL # 0037304  
 DIRECT # \*\*\*\*\*9974  
 CARD # \*\*\*\*\*9974  
 PAYMENT METHOD: CHEQUING  
 AMOUNT: \$87.84  
 3330010000000000000000  
 161524 000 00  
 \*\*\* APPROVED \*\*\*  
 07/16/03 17:13:24

PC points now has  
 kinds of new rewards  
 www.pcfincancial.ca  
 points balance is  
 12,570 points

PLEASE RETURN RECEIPT FOR REFUND  
 ON PAPER ONLY FOR WARRANTY  
 REQUIREMENTS  
 website  
 "www.canadiantire.com/superstore.ca"  
 HST # 00305102  
 07/16/03 TRACEY 4 09345



Prescriptions filled in Canada  
Bills

**SHOPPERS**  
DRUG MART

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6769820 Refills: 000 Patient Pays: **\$30.67**

OPTIMUM?

**COPP**  
6448 CORK ST  
HALIFAX NS

**DOUGLAS**  
Phone: (902) 549-5933

Dr. J. RITTER  
Date: 03-Jun-03  
APO ACETAZOLAMIDE 250MG  
ACETAZOLAMIDE 250MG  
180 TAB DIN 00545015 Tx# 1315765

Mfg: APX

Rx TOTAL: \$30.67

PC: 23

Pharmacist's Signature: 

**SHOPPERS**  
DRUG MART

**SHOPPERS DRUG MART**

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6779683 Refills: 000 Patient Pays: **\$181.94**

OPTIMUM?

**COPP**  
6448 CORK ST  
HALIFAX NS

**DOUGLAS** / *12.60*  
Phone: (902) 549-5933

Dr. C. BOUCHER  
Date: 25-Jul-03  
HP-PAC TRIPLE THERAPY  
PREV.30M/AMOX500/BIAX500  
2 PAC DIN 02238525 Tx# 1334097

Mfg: ABB

Rx TOTAL: \$181.94

PC: 10

Pharmacist's Signature:

**SHOPPERS**  
DRUG MART

**SHOPPERS DRUG MART**

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6779503 Refills: 2 Patient Pays: **\$93.35**

OPTIMUM?

**COPP**  
6448 CORK ST  
HALIFAX NS

**DOUGLAS**  
Phone: (902) 549-5933

Dr. C. BOUCHER  
Date: 24-Jul-03  
HP-PAC TRIPLE THERAPY  
PREV.30M/AMOX500/BIAX500  
1 PAC DIN 02238525 Tx# 1333763

Mfg: ABB

Rx TOTAL: \$93.35

PC: 10

Pharmacist's Signature: 

**SHOPPERS**  
DRUG MART

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6772785 Refills: 000 Patient Pays: **\$265.47**

**COPP**  
6448 CORK ST  
HALIFAX NS

OPTIMUM?  
**DOUGLAS**  
Phone: (902) 549-5933

Dr. J. WAWRZYSZYN  
Date: 18-Jun-03  
SPORANOX 100MG CAPSULE  
ITRACONAZOLE 100  
60 CAP  
DIN 02047454 Tx# 1320989  
Mfg: JAN

Rx TOTAL: \$265.47  
PC: 10

Pharmacist's Signature:

**SHOPPERS**  
DRUG MART

**SHOPPERS DRUG MART**

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6772787 Refills: 000 Patient Pays: **\$95.65**

**COPP**  
8448 CORK ST  
HALIFAX NS

OPTIMUM?  
**DOUGLAS**  
Phone: (902) 549-5933

Dr. J. WAWRZYSZYN  
Date: 18-Jun-03  
ALERTEC 100MG  
MODAFINIL 100MG  
60 TAB  
DIN 02239665 Tx# 1320997  
Mfg: DRA

Rx TOTAL: \$95.65  
PC: 10

Pharmacist's Signature:

**SHOPPERS**  
DRUG MART

**SHOPPERS DRUG MART**

Sydney Shopping Centre  
318 Prince Street  
Store # 150  
Sydney NS B1P 5K6  
Phone: (902) 562-1144

**OFFICIAL PRESCRIPTION RECEIPT**

Rx# 6772786 Refills: 000 Patient Pays: **\$10.78**

**COPP**  
6448 CORK ST  
HALIFAX NS

OPTIMUM?  
**DOUGLAS**  
Phone: (902) 549-5933

Dr. J. WAWRZYSZYN  
Date: 18-Jun-03  
ELTROXIN 50  
LEVOTHYROXINE(SOD 0.05MG  
30 TAB  
DIN 02213192 Tx# 1320990  
Mfg: GLA

Rx TOTAL: \$10.78  
PC: 10

Pharmacist's Signature:

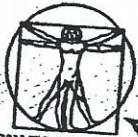
Total # of Rx's \_\_\_\_\_  
Insurance Card  
Bag? Y N

Printed Y  
05/27/2003 12:12:00 PM \*\*\*

1

<b>COPP</b>		OC# 755 933 661 076 595	
DOUG			
27 SUMPTRIN RD SANDIA PARK, NM 87047		4 79317 72248 4	
(505) 291-7977			
05/27/2003 (731) 668-1277			
RX: 6840535 REF = 0			
ARX			
COPAY \$10.54		47931772248	
		Priority: Critical	

Office Co-Payments  
Bills



**THE AMERICAN RESCUE TEAM  
INTERNATIONAL/EPRC**  
P O BOX 489 510-523-5483  
ALAMEDA, CA 94501

1109

DATE March 11/2003 90-7162/3222

PAY TO THE ORDER OF

Dr. Bob Freedman \$ 5500  
five five

© HAWLAND STYLE IN CALIFORNIA

**Washington Mutual**  
Washington Mutual Bank, FA  
Alameda Financial Center 1088  
2270 Old Drive  
Alameda, CA 94501

DOLLARS Security Features  
Included  
Details on back.

1-800-785-7000  
24 Hour Customer Service

FOR

for Great Sandia's Bob & Jan 7 Coy  
⑆37⑆27⑆627⑆379⑆339288⑆3⑆ 1109 ⑆000000⑆5900⑆

03/24/63  
L.A. 6322603  
TRACER # 2284 PKT # 29  
1221-0527-84

0700000000  
0000000000  
0000000000

ALB, NH 03/20/63  
TRACER # 234  
1221-0527-84

0700000000  
0000000000  
0000000000

*[Handwritten signature]*  
7692127910

University of California  
San Francisco

SF

CSF Medical Center

CASH RECEIPT

UOHC/ORTHOPEDICS  
400 PARNASSUS  
SAN FRANCISCO, CA 94143

TIME 11:16 PM DATE 12/04/02  
TRAN# 00002276 NERS 000174003700994  
TRAN TYPE SALE  
#XXXXXXXXXXXX3184  
CARD TYPE VISA  
SER # 807  
TICKET # 0000000000  
WITH CODE 004153

SALE \$20.00  
CASH BACK \$0.00  
TOTAL \$20.00

COPP, DOUGLAS

OPAY: 20.00  
CROSS/SHLD OF NM 2L7  
S MD 83473  
HY J 13455  
FOR: ORTH LOC:  
DOS: 12/04/2002

PerSe

Pay \$

Today's Date

30

12-04-02

Bill Pay \$

Date of Service

12-6-02

NOTES

Ortho

REPAIRED BY

PHONE #

719945

Yellow - Accounting White - Cashier Green - Practice Pink - Patient


06/00



UNIC WEST/120/ALLEN  
SAN FRANCISCO  
SAN FRANCISCO, CA 94103

TIME 3:59 PM DATE 11/07/02  
TERM# 00672915 MERN 000227831907952  
TRAN TYPE SALE  
#4417123006927866  
EXP DATE 09/05 CARD TYPE VISA  
TICKET # 001858  
AUTH CODE 007240 SER # 003

TOTAL \$20.00

SIGN:   
DOUGLAS F COPP

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT

University of California  
San Francisco  
**UCSF**  
UCSF Medical Center

### CASH RECEIPT

**COPP, DOUGLAS**  
COPAY: 20.00  
BLUE CROSS/SHLD OF NM 2L78  
PHED 90998

CHES LOC:  
DOS: 11/07/2002

SMS  PerSe

- Credit Card: MC VISA AMEX DISC
- Debit Card
- Check: Check #
- Cash

Copay \$	Today's Date
Bill Pay \$	Date of Service

NOTES

PREPARED BY

PHONE # 33241

209690

70000005600000010001  
BATCH: 022

MICHAEL E ROSENBAUM MD  
300 TAMAL PLAZA #120  
CORTE MADERRA, CA 94925  
TRANSMIT VISA DAILY  
DATE 02/14/03

TIME: 11:48

S-A-L-E-S D-R-A-F-T

REF : 0193  
CARD: VI  
TRAN: PR

AMOUNT

\$60.00

ACCT # \*\*\*\*\*3184  
APPR CD: 014774

EXP \*\*\*

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

TOP COPY-MERCHANT BOTTOM COPY

IT DATE 2-14-03

CHARGE ON ACCT. MDSE RETD PAID OUT

PRICE AMOUNT

60.00 60.00

15

16

17

18

19

20

RECEIVED BY

5805

KEEP THIS SLIP FOR REFERENCE

104212903991

SOUTHWEST MEDICAL ASSOC  
6100 PAN AM BLDG NE 200  
ALBUQUERQUE, NM 871093427

TIME 05:20 PM DATE 02/11/83

4417128415173184

EXP DATE 0000

CARD TYPE VI

TERMINAL # 986667

TRAN TYPE SALE

AUTH CODE 011550

RECORD # 027

AMOUNT \$ 20.00

SIGNATURE X

DOUGLAS F COPP

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT

THANK YOU !  
PLEASE COME AGAIN !

St. Joseph Physician Group

M.R.N. [redacted]

Date 7-7-02

Received from Douglas Copp

Account of [redacted]

CASH RECEIPT

9170 No 15012

Amount \$100

Visa

Thank you

[Signature]

white copy - patient

yellow copy - business office

pink copy - physician office

St. Joseph Physician Group

M.R.N. 1064356

Date 5-13-02

Received from

Account of Copp, Douglas

CASH RECEIPT

9170 No 20154

Amount 2000

Visa

Thank you

[Signature]

white copy - patient

yellow copy - business office

pink copy - physician office

St. Joseph Physician Group

M.R.N. 10643382

Date 6-13-02

Received from

Account of Douglas Copp

CASH RECEIPT

9170 No 21240

Amount 2000

m/c

Thank you

[Signature]

white copy - patient

yellow copy - business office

pink copy - physician office

Check for information regarding books and/or services in this office. All bills shown should be paid to the provider. Payment with the obligation to pay to the provider. 1700 LICENSURE BUSINESS CENTER

TERMINAL I.D.  
MERCHANT #

EXP. DATE

TRACE

AUTH.  
NO

CUSTOMER SIGNATURE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown above and agrees to perform the obligations and terms in the Cardholder agreement with the seller.

TASO TECHNOLOGY, INC.

TERMINAL I.D.  
MERCHANT #

EXP. DATE

TRACE

AUTH.

CUSTOMER SIGNATURE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown above and agrees to perform the obligations and terms in the Cardholder agreement with the seller.

1990 MOORE BUSINESS FORMS

St. Joseph Physician Group

CASH RECEIPT

MRN

10643367

9170 NO 21859

Date

7-5-02

Amount

20<sup>00</sup>

Received from

Account of

Drug Copp

Thank you

U.S.A.

ccp

white copy - patient

yellow copy - business office

pink copy - physician office

Physician Group

CASH RECEIPT

925C NO 21266

M.R.N. 10643362

Date 12-23-02

Received from Doug Copp

Amount 20-

Account of Twenty

Visa

Thank you

*R*

white copy - patient

yellow copy - business office

pink copy - physician office

CUSTOMER COPY

ST. JOSEPH HIGH DESERT  
5041 INDIAN SCHOOL NE  
TERMINAL ID  
MERCHANT #

606999762142001

MASTERCARD  
3256

EXP. DATE

SALE

TRACE

080803

09-04

SEP 14

AUTH

015120

440115001

010705

TOTAL

20.00

CUSTOMER SIGNATURE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown above and agrees to perform the obligations and terms in the Cardholder agreement with the seller.

IASO TECHNOLOGY, INC.

STATE OF CALIFORNIA  
COUNTY OF ...  
PUBLIC UTILITIES COMMISSION

ORDER

...

...

FILED ...  
DATE: OCT 20 1968

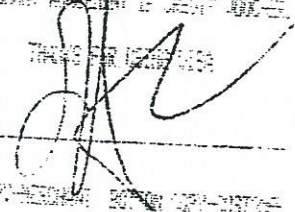
...

...

...

I HEREBY AGREE TO ...  
...

...



...