

PICCADILLY RESTAURANTS, LLC
JANUARY 10, 2013
INVOICE NO.: 634084
FILE NUMBER: 133752-00

PAGE 52

WE TRUST THAT YOU HAVE BEEN PLEASED WITH OUR LEGAL REPRESENTATION AND WE
APPRECIATE THE OPPORTUNITY TO REPRESENT YOU IN THESE MATTERS. IF YOU HAVE
ANY QUESTIONS ABOUT THIS INVOICE, PLEASE CONTACT R PATRICK VANCE
IN NEW ORLEANS OR OUR CREDIT MANAGER AT (504)582-8220.

BATON ROUGE, LA (225)248-2000
BIRMINGHAM, AL (205)244-5200
GULFPORT, MS (228)864-3094
HOUSTON, TX (713)437-1800
JACKSON, MS (601)949-4900
LAFAYETTE, LA (337)593-7600
MIAMI, FL (305)679-5700
MOBILE, AL (251)432-1414
MONTGOMERY, AL (334)213-7318
NEW ORLEANS, LA (504)582-8000
OLIVE BRANCH, MS (662)895-2996
PHOENIX, AZ (602)366-7889
WASHINGTON, D.C., CAPITOL HILL (202)203-1000
THE WOODLANDS, TX (281)296-4400

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Selve		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

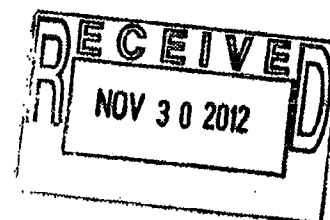
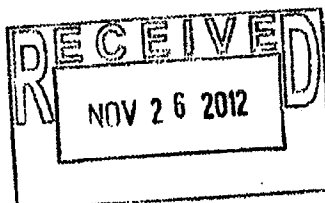
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> TRUST CHECK | <input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111 |
| <input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE
(SUCH AS CLE, DUES, ETC.) | <input type="checkbox"/> OTHER PROFESSIONALS - E123 |
| <input type="checkbox"/> OTHER EXPENSES - E118
(USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES) | <input checked="" type="checkbox"/> OUTSIDE PRINTING - E102 |
| <input type="checkbox"/> ARBITRATORS/MEDIATORS - E121 | <input type="checkbox"/> PRIVATE INVESTIGATORS - E120 |
| <input type="checkbox"/> COURT FEES - E112 | <input type="checkbox"/> SUBPOENA FEES - E113 |
| <input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115 | <input type="checkbox"/> TRIAL EXHIBITS - E117 |
| <input type="checkbox"/> EXPERTS - E119 | <input type="checkbox"/> TRIAL TRANSCRIPTS - E116 |
| <input type="checkbox"/> LOCAL COUNSEL - E122 | <input type="checkbox"/> WITNESS FEES - E114 |



CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50126934

TO
 Jones Walker - Shannon Liberio
 201 St. Charles Ave
 Suite 5100
 New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 11/16/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/16/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
24444	A copies - Straight Run	0.08	1,955.52	
126	Mailouts - Items Mailed	0.60	75.60	
126	Postage	5.15	648.90	
			Subtotal	2,680.02
			Sales Tax	182.80
			TOTAL	\$ 2,862.82

ORIGINAL INVOICE
 Please forward to ACCOUNTING
 for payment. Thank You!

Received by: _____ Date: _____
 Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
 Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED.

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Service		AMOUNT \$8,078.49
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		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

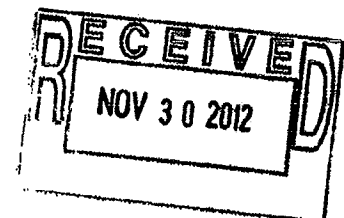
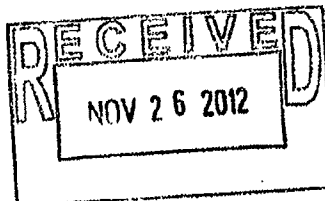
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> TRUST CHECK | <input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111 |
| <input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE
(SUCH AS CLE, DUES, ETC.) | <input type="checkbox"/> OTHER PROFESSIONALS - E123 |
| <input type="checkbox"/> OTHER EXPENSES - E118
(USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES) | <input checked="" type="checkbox"/> OUTSIDE PRINTING - E102 |
| <input type="checkbox"/> ARBITRATORS/MEDIATORS - E121 | <input type="checkbox"/> PRIVATE INVESTIGATORS - E120 |
| <input type="checkbox"/> COURT FEES - E112 | <input type="checkbox"/> SUBPOENA FEES - E113 |
| <input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115 | <input type="checkbox"/> TRIAL EXHIBITS - E117 |
| <input type="checkbox"/> EXPERTS - E119 | <input type="checkbox"/> TRIAL TRANSCRIPTS - E116 |
| <input type="checkbox"/> LOCAL COUNSEL - E122 | <input type="checkbox"/> WITNESS FEES - E114 |





Professional Overnight Copy Service, Inc.

INVOICE

50126933

SALESPERSON

John H.

INVOICE DATE

11/16/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/16/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
381	A copies - Straight Run	0.08	30.48	
127	Mailouts - Items Mailed	0.60	76.20	
127	Postage	0.45	57.15	
			Subtotal	163.83
			Sales Tax	9.60
			TOTAL	\$ 173.43

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thru: _____

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Serve		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

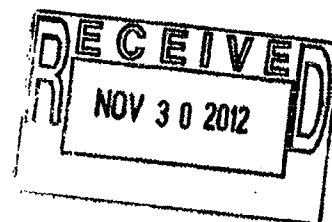
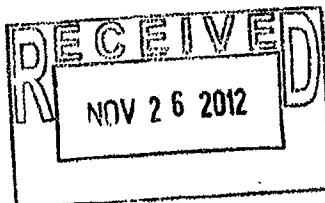
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940 <i>695941</i>	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

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<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS OLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114



CHOICE

Professional Overnight Copy Service, Inc.

INVOICE

50126861

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON

John H.

INVOICE DATE

11/13/12

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/13/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
2340	A copies - Straight Run	0.08	187.20	
180	Mallouts - Items Mailed	0.60	108.00	
180	Postage	1.10	198.00	
			Subtotal	493.20
			Sales Tax	26.57
			TOTAL	\$ 519.77

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
for payment. Thank You!

Received by:

Date:

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Serive		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mallouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

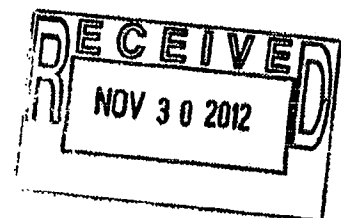
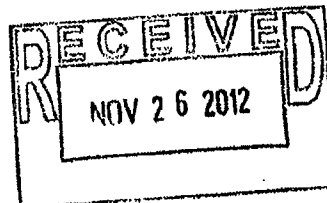
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114



CHOICE

Professional Overnight Copy Service, Inc.

INVOICE

50126859

SALESPERSON

John H.

INVOICE DATE

11/15/12

SHIP TO

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/15/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
18720	A copies - Straight Run	0.08	1,497.60	
96	Mailouts - Items Mailed	0.60	57.60	
96	Postage	5.15	494.40	
			Subtotal	2,049.60
			Sales Tax	139.97
			TOTAL	\$ 2,189.57

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
for payment. Thank You!

Received by:

Date:

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Serve		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

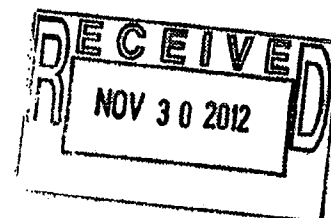
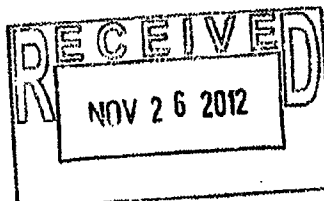
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114





Professional Overnight Copy Service, Inc.

INVOICE

50126843

TO
Jones Walker - Shannon Liberio 201 St. Charles Ave Suite 5100 New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 11/01/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/01/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
1375	A copies - Straight Run	0.08	110.00	
125	Mailouts - Items Mailed	0.60	75.00	
125	Postage	1.10	137.50	
			Subtotal	322.50
			Sales Tax	16.65
			TOTAL	\$ 339.15

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Serve		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

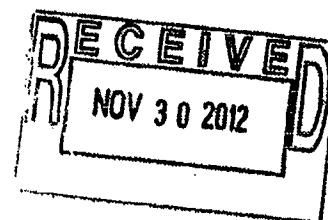
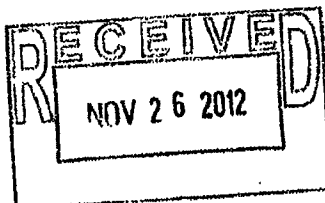
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114





Professional Overnight Copy Service, Inc.

INVOICE 50126842

SALESPERSON John H.	INVOICE DATE 11/02/12
SHIP TO	

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/02/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
640	A copies - Straight Run	0.08	51.20	
128	Mailouts - Items Mailed	0.60	76.80	
128	Postage	0.45	57.60	
			Subtotal	185.60
			Sales Tax	11.52
			TOTAL	\$ 197.12

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
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P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO.	133752-00	
PAYABLE TO: Choice Copy Service		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <div style="text-align: right;"><i>MA</i> <i>11/30/12</i></div>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

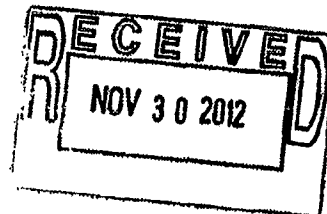
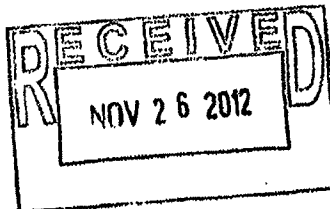
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<div style="text-align: center; margin-bottom: 10px;"> <i>695942</i> <i>695943</i> <i>695944</i> <i>695945</i> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> TRUST CHECK <input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE <small>(SUCH AS CLE, DUES, ETC.)</small> <input type="checkbox"/> OTHER EXPENSES - E118 <small>(USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)</small> <input type="checkbox"/> ARBITRATORS/MEDIATORS - E121 <input type="checkbox"/> COURT FEES - E112 <input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115 <input type="checkbox"/> EXPERTS - E119 <input type="checkbox"/> LOCAL COUNSEL - E122 </div> <div style="width: 48%;"> <input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111 <input type="checkbox"/> OTHER PROFESSIONALS - E123 <input checked="" type="checkbox"/> OUTSIDE PRINTING - E102 <input type="checkbox"/> PRIVATE INVESTIGATORS - E120 <input type="checkbox"/> SUBPOENA FEES - E113 <input type="checkbox"/> TRIAL EXHIBITS - E117 <input type="checkbox"/> TRIAL TRANSCRIPTS - E116 <input type="checkbox"/> WITNESS FEES - E114 </div> </div>





Professional Overnight Copy Service, Inc.

INVOICE

50126841

SALESPERSON

John H.

INVOICE DATE

11/05/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/05/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
435	A copies - Straight Run	0.08	34.80	
128	Mallouts - Items Mailed	0.60	76.80	
128	Postage	0.45	57.60	
			Subtotal	169.20
			Sales Tax	10.04
			TOTAL	\$ 179.24

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

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P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Scribe		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>MA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

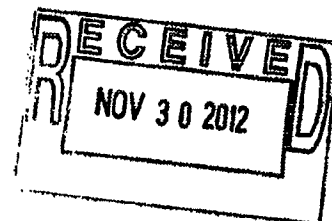
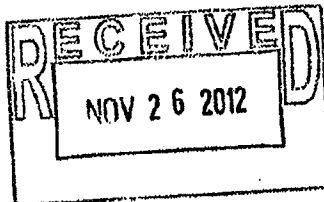
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
-------------------------------	---------------------------------	----------------	-----------------------------

FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS OLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114



CHOICE

Professional Overnight Copy Service, Inc.

INVOICE

50126838

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 11/06/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/06/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
256	A copies - Straight Run	0.08	20.48	
128	Mailouts - Items Mailed	0.60	76.80	
128	Postage	0.45	57.60	
			Subtotal	154.88
			Sales Tax	8.76
			TOTAL	\$ 163.64

ORIGINAL INVOICE

Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by:

Date:

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED.

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO.	CLIENT & FILE TITLE Piccadilly	DATE November 26, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Serive		AMOUNT \$8,078.49
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple copy jobs for straight run copies, mailouts and postage regarding bankruptcy matter. <i>NA 11/30/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

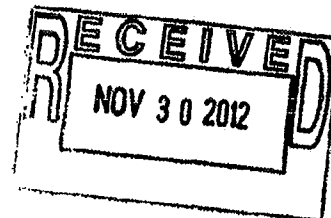
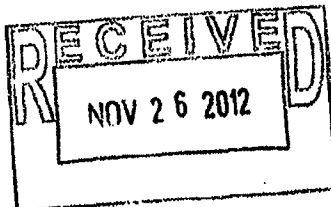
FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 695940	ACCOUNT NUMBER	AMOUNT \$8,078.49
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114



CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50126834

TO
 Jones Walker - Shannon Liberio
 201 St. Charles Ave
 Suite 5100
 New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 11/07/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/07/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
381	A copies - Straight Run	0.08	30.48	
127	Mailouts - Items Mailed	0.60	76.20	
127	Postage	0.45	57.15	
			Subtotal	163.83
			Sales Tax	9.60
			TOTAL	\$ 173.43

ORIGINAL INVOICE
 Please forward to ACCOUNTING DEPT
 for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
 Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION. COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED.

TRIP EXPENSES

Client No. 18537	Client & File Title or General Office Piccadilly Restaurants, LLC	DATE OF THIS REPORT December 14, 2012
File No. 13375200		
Attorney Mark Mintz	DESTINATION FROM New Orleans TO Baton Rouge TO Lafayette TO New Orleans	AMOUNT \$ 293.81
REASON FOR TRIP Attendance at 12/11/12 hearings		DATE(S) OF TRIP 12/10/12 - 12/11/12

INDIVIDUAL BUSINESS EXPENSES INCURRED

DATE PAID OR CHARGED	MEALS & BEVERAGE NOT INCLUDED IN HOTEL BILL	HOTEL BILL		CAB FARES	PERSONAL AUTO (Miles X .35)	AIR FARE	OTHER TRANSPORT.	MISC.	TOTAL
		MEALS & BEVERAGE	OTHER						
12/10/12	Number _____		\$144.48		No. of Miles 136.60 \$75.13				\$219.61
12/11/12	Number _____				No. of Miles 134.90 \$74.20				\$74.20
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00
	Number _____				No. of Miles _____ \$0.00				\$0.00

NOTE: Every expense of \$25.00 or more, and every expense for hotel, air fare, or "other transportation" requires a receipt which must be attached hereto.

RECAP OF EXPENDITURES

1. CASH/PERSONAL CREDIT CARD \$ **293.81**

2. LESS ADVANCE _____

BALANCE DUE FIRM _____

BALANCE DUE ATTORNEY ☒ **\$ 293.81**

Check ☒ Credit Personal _____

TOTAL MEALS: **\$0.00** TOTAL OTHER: **\$293.81**

IF YOU USED A CRM CREDIT CARD, PLEASE ENTER AMOUNTS BELOW:

AUTO RENTAL

AIR TRAVEL

Voucher ID

Separate Check

G/L #

File

DEC 14 2012

Liberio, Shannon

From: Thanks for staying! <efolio@courtyard.com>
Sent: Thursday, December 13, 2012 6:40 PM
To: Liberio, Shannon
Subject: Your Dec 10, 2012 - Dec 11, 2012 stay at the Courtyard Lafayette Airport

Follow Up Flag: Follow up
Flag Status: Flagged

<input checked="" type="checkbox"/>	
Marriott Rewards members may receive this email automatically after every stay.	
Join Marriott Rewards today >>>	

Summary of Your Stay

Hotel: Courtyard Lafayette Airport
214 East Kaliste Saloom Road
Lafayette, Louisiana 70508
USA
(337) 232-5005

Guest: MARK MINTZ
JONES WALKER
5525 COLISEUM STREET
NEW ORLEANS, LA 70115
USA

Dates of stay: Dec 10, 2012 - Dec 11, 2012
Guest number: 73523
Marriott Rewards number: None

Room number: 318
Group number:

Date	Description	Reference	Charges	Credits
12/10/12	Market Frozen Food	MZ001	4.75	
12/10/12	Sales Tax	T9001	0.38	
12/10/12	Market Beverage	PJ002	2.32	
12/10/12	Sales Tax	T9002	0.19	
12/10/12	ROOM CHARGE	RB318	129.00	
12/10/12	Room Tax	RT318	10.32	
12/10/12	Occupancy Sales Tax	T1318	5.16	
12/11/12	Payment - American Express XXXXXXXXXXXX1028	AX12:27PM		152.12 144.18
Total balance				0.00 USD

Liberio, Shannon

From: Liberio, Shannon
Sent: Friday, December 14, 2012 10:44 AM
To: Liberio, Shannon
Subject: Sent from Snipping Tool



Clear Map

A Charles Avenue, New Orleans, LA 70170 X

B 8555 United Plaza Boulevard, Baton Rouge X

+ Add Stop | ☐ Round Trip | Reverse Options

Get Directions

Via I-10 W
1 hour 16 mins / 75.64 miles

Est. Fuel Cost
Calculate

You can adjust your route by Dragging the Route Line

Driving Directions Save

A 201 Saint Charles Ave
New Orleans, LA 70170-1000
Add a Note Search Nearby Zoom

Online Offers: Motels in New Orleans | New Orleans Restaurants

I know the area, hide the first few steps

1. Start out going south on St Charles Ave 0.2 mi
toward Gravier St.

<http://www.mapquest.com/>

12/10/12

Liberio, Shannon

From: Liberio, Shannon
Sent: Friday, December 14, 2012 10:45 AM
To: Liberio, Shannon
Subject: Sent from Snipping Tool



[Clear Map](#)

A 8555 United Plaza Boulevard, Baton Rouge ▾

B 214 Jefferson Street, Lafayette, LA 70501 ▾

+ Add Stop | ☐ Round Trip | Reverse [Options](#)

Get Directions

Via I-10 W
1 hour 2 mins / 60.96 miles

Est. Fuel Cost
[Calculate](#)

You can adjust your route by [Dragging the Route Line](#)

Driving Directions [Save](#)

A 8555 United Plaza Blvd
Baton Rouge, LA 70809-2260
[Add a Note](#) [Search Nearby](#) [Zoom](#)

[Online Offers](#) [Motels in Baton Rouge](#) | [Baton Rouge Restaurants](#)

I know the area, hide the first few steps

1. Start out going west on United Plaza Blvd 0.2 mi toward Essen Ln/LA-3064 N.



12/10/12

<http://www.mapquest.com/>

Liberio, Shannon

From: Liberio, Shannon
Sent: Friday, December 14, 2012 10:46 AM
To: Liberio, Shannon
Subject: Sent from Snipping Tool



Clear Map

A 214 Jefferson Street, Lafayette, LA 70501 X

B Charles Avenue, New Orleans, LA 70170 X

+ Add Stop | ☐ Round Trip | Reverse Options

Get Directions

Suggested Routes

I-10 E	Est. Fuel Cost
2 hrs 15 mins / 134.94 miles	Calculate
US-90 E	Est. Fuel Cost
2 hrs 45 mins / 153.59 miles	Calculate

Or you can adjust your route by **Dragging the Route Line**

Driving Directions Save

A 214 Jefferson St
Lafayette, LA 70501-7050
Add a Note Search Nearby Zoom

CHOICE ☒

Professional Overnight Copy Service, Inc.

INVOICE 50127132

SALESPERSON John H.	INVOICE DATE 12/13/12
SHIP TO	

TO Jones Walker - Shannon Liberio 201 St. Charles Ave Suite 5100 New Orleans, LA 70170

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/13/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
20800	A copies - Straight Run	0.08	1,664.00	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	5.15	669.50	
			Subtotal	2,411.50
			Sales Tax	156.78
			TOTAL	\$ 2,568.28

ORIGINAL INVOICE!
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.01
PAYABLE TO: Choice Copy Service		AMOUNT \$3,647.73
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage MA 12/20/12		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY			
VENDOR NUMBER 13916	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01 \$3,647.73

FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127132

SALESPERSON

John H.

INVOICE DATE

12/13/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/13/12		Net 30	Plecadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
20800	A copies - Straight Run	0.08	1,664.00	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	5.15	669.50	
			Subtotal	2,411.50
			Sales Tax	156.78
			TOTAL	\$ 2,568.28

ORIGINAL INVOICE!
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.41
PAYABLE TO: Choice Copy Service		AMOUNT \$3,647.73
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage		ATTORNEY NAME Lisa Futrell
MA 12/20/12		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13916	VOUCHER NUMBER 111282	ACCOUNT NUMBER	AMOUNT 6216.41 \$3,647.73
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS DLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127133

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON

John H.

INVOICE DATE

12/13/12

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/13/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
9696	A copies - Straight Run	0.08	775.68	
101	Mailouts - Items Mailed	0.60	60.60	
101	Postage	2.50	252.50	
			Subtotal	1,088.78
			Sales Tax	75.27
			TOTAL	\$ 1,164.05

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by:

Date:

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		
PAYABLE TO: Choice Copy Service		AMOUNT 6216.01 \$2,647.73
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage <i>MA 12/20/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13916	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01 \$2,647.73
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, OUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE

50126991

SALESPERSON

INVOICE DATE

John H.

11/27/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/27/12		Net 30	Piccardilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
508	A copies - Straight Run	0.08	40.64	
127	Mailouts - Items Mailed	0.60	76.20	
127	Postage	0.45	57.15	
			Subtotal	173.99
			Sales Tax	10.52
			TOTAL	\$184.51

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

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☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.01
PAYABLE TO: Choice Copy Service		AMOUNT 6216.01
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage <i>MAA 12/20/12</i>		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13916	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01
			6216.01

FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS OLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127040

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON

John H.

INVOICE DATE

11/30/12

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	11/30/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
1419	A copies - Straight Run	0.08	113.52	
129	Mailouts - Items Mailed	0.60	77.40	
129	Postage	1.10	141.90	
			Subtotal	332.82
			Sales Tax	17.18
			TOTAL	\$ 350.00

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.01
PAYABLE TO: Choice Copy Service		AMOUNT \$3,647.75
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage MA 12/20/12		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13916	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01 \$3,647.75
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE ☒

Professional Overnight Copy Service, Inc.

INVOICE 50127084

SALESPERSON

John H.

INVOICE DATE

12/07/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/07/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
2080	A copies - Straight Run	0.08	166.40	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	1.30	169.00	
			Subtotal	413.40
			Sales Tax	22.00
			TOTAL	\$ 435.40

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.01
PAYABLE TO: Choice Copy Service		AMOUNT \$3,647.75
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage		ATTORNEY NAME Lisa Futrell
MA 12/20/12		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13926	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01 \$3,647.75
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS OLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127087

SALESPERSON John H.	INVOICE DATE 12/05/12
SHIP TO	

TO Jones Walker - Shannon Liberia 201 St. Charles Ave Suite 5100 New Orleans, LA 70170

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/05/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
910	A copies - Straight Run	0.08	72.80	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	0.45	58.50	
			Subtotal	209.30
			Sales Tax	13.57
			TOTAL	\$ 222.87

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly Restaurants	DATE December 14, 2012
FILE NO. 133752-00		6216.01
PAYABLE TO: Choice Copy Service		AMOUNT \$3,647.73
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: multiple mailouts for straight run copies, mailouts and postage MA 12/20/12		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13916	VOUCHER NUMBER 700282	ACCOUNT NUMBER	AMOUNT 6216.01 \$3,647.73
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

DEC 14 2012

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127092

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON

John H.

INVOICE DATE

12/04/12

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/04/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
10400	A copies - Straight Run	0.08	832.00	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	2.30	299.00	
			Subtotal	1,209.00
			Sales Tax	81.90
			TOTAL	\$ 1,290.90

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT.
for payment. Thank You!

Received by:

Date:

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED.

TRIP EXPENSES

Client No.	Client & File Title or General Office	DATE OF THIS REPORT
File No. 133752-00	Piccadilly	December 20, 2012
Attorney	DESTINATION FROM New Orleans TO Lafayette	AMOUNT
Lisa Futrell	TO _____ TO _____	\$ 156.56
REASON FOR TRIP Attend Piccadilly bankruptcy hearings		DATE(S) OF TRIP 12/10/12 to 12/11/12

INDIVIDUAL BUSINESS EXPENSES INCURRED

DATE PAID OR CHARGED	MEALS & BEVERAGE NOT INCLUDED IN HOTEL BILL	HOTEL BILL		CAB FARES	PERSONAL AUTO (Miles X .55)	AIR FARE	OTHER TRANSPORT	MISC	TOTAL
		MEALS & BEVERAGE	OTHER						
12/11/12	Number (12) \$12.08		\$144.48 (11)		No. of Miles \$0.00				\$156.56
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00
	Number _____				No. of Miles \$0.00				\$0.00

NOTE: Every expense of \$25.00 or more, and every expense for hotel, air fare, or "other transportation" requires a receipt which must be attached hereto.

RECAP OF EXPENDITURES

1. CASH/PERSONAL CREDIT CARD \$ **156.56**

TOTAL MEALS: **\$12.08**

TOTAL OTHER: **\$144.48**

2. LESS ADVANCE _____

BALANCE DUE FIRM _____

\$ **156.56**

BALANCE DUE ATTORNEY ☒

Check ☒

Credit Personal _____

DEC 20 2012

IF YOU USED A FIRM CREDIT CARD, PLEASE ENTER AMOUNTS BELOW:

AUTO RENTAL

AIR TRAVEL

Voucher # _____

Separate Check \$ _____

G/L # _____

Title _____



Courtyard by Marriott
Lafayette Airport

214 East Kaliste Saloom
Lafayette, La 70508
T 337.232.6005

L. Potrell

Room: 312

Room Type: KSO

Number of Guests: 1

Rate: \$129.00

Clerk:

(1)

10Dec12	Room Charge	129.00	
10Dec12	Room Tax	10.32	
10Dec12	Occupancy Sales Tax	5.16	
11Dec12	American Express		144.48

Card #: XXXXXXXXXXXXXXX7001/XXXX
Amount: 144.48 Auth: 501575 Signature on File
This card was electronically swiped on 10Dec12

Balance: 0.00

As a Rewards Member, you could have earned points toward your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member offers. Enroll today at the front desk.

As requested, a final copy of your bill will be emailed to you at: SLIBERIO@JONESWALKER.COM. See "Internet Privacy Statement" on Marriott.com.

Piccadilly
Attend Hearings

(2)

Courtyard by Marriott
Lafayette Airport
214 East Kaliste Saloom Road
Lafayette, LA 70508
(337) 232-5005
B I S T R O eat drink connect

7 Tanesha

Tbl 2/1 Chk 4530 Gst 1
Dec11'12 07:56AM

Eat In
1 VT Cappuccino 3.90
1 Healthy Start 7.25
Cash 20.00

Subtotal 11.15
Sales Tax 0.89
Payment 12.04
Change Due 7.96
-----7 Check Closed-----
-----Dec11'12 08:00AM-----

Piccadilly
breakfast

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly	DATE December 21, 2012
FILE NO. 13375200		
PAYABLE TO: Choice Copy Center		AMOUNT \$4,532.28
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple job for straight run copies, mailouts, and postage.		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13926	VOUCHER NUMBER	ACCOUNT NUMBER	AMOUNT \$4,532.28
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

Vendor # _____ Vchr # _____
 Separate Ck _____
 DEC 26 2012
 G/L# _____ File # _____

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127153

TO
 Jones Walker - Shannon Liberio
 201 St. Charles Ave
 Suite 5100
 New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 12/14/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/14/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
26130	A copies - Straight Run	0.08	2,090.40	
130	Mailouts - Items Mailed	0.60	78.00	
130	Postage	5.15	669.50	
			Subtotal	2,837.90
			Sales Tax	195.16
			TOTAL	\$ 3,033.06

ORIGINAL INVOICE
 Please forward to ACCOUNTING DEPT
 for payment. Thank You!

Received by: _____ Date: _____
 Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
 Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly	DATE December 21, 2012
FILE NO. 13375200		
PAYABLE TO: Choice Copy Center		AMOUNT \$4,532.28
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple job for straight run copies, mailouts, and postage.		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 701443	ACCOUNT NUMBER	AMOUNT \$4,532.28
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

Vendor # _____ Vchr # _____
 Separate Ck _____
 DEC 26 2012
 G/L# _____ File # _____

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127154

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON John H.	INVOICE DATE 12/19/12
SHIP TO	

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/19/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
370	A copies - Straight Run	0.08	29.60	
183	Mailouts - Items Mailed	0.60	109.80	
183	Postage	0.45	82.35	
			Subtotal	221.75
			Sales Tax	12.55
			TOTAL	\$ 234.30

ORIGINAL INVOICE
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Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

OPERATING
TRUST
BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly	DATE December 21, 2012
FILE NO. 13375200		
PAYABLE TO: Choice Copy Center		AMOUNT \$4,532.28
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple job for straight run copies, mailouts, and postage.		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13926	VOUCHER NUMBER 701443	ACCOUNT NUMBER	AMOUNT \$4,532.28
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

Vendor # _____ Vchr # _____
Separate Ck _____

DEC 26 2012

G/L# _____ File # _____

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127155

SALESPERSON

John H.

INVOICE DATE

12/19/12

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/19/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
4620	A copies - Straight Run	0.08	369.60	
132	Mailouts - Items Mailed	0.60	79.20	
132	Postage	1.50	198.00	
			Subtotal	646.80
			Sales Tax	40.39
			TOTAL	\$ 687.19

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED

☐ OPERATING
☐ TRUST
☐ BARONNE TITLE

REQUEST FOR CHECK DISBURSEMENT

CLIENT NO. 18537	CLIENT & FILE TITLE Piccadilly	DATE December 21, 2012
FILE NO. 13375200		
PAYABLE TO: Choice Copy Center		AMOUNT \$4,532.28
		MAIL CHECK <input checked="" type="checkbox"/>
		RETURN CHECK TO: Attorney
PAYMENT FOR: Multiple job for straight run copies, mailouts, and postage.		ATTORNEY NAME Lisa Futrell
		ATTORNEY SIGNATURE

FOR ACCOUNTING USE ONLY

VENDOR NUMBER 13906	VOUCHER NUMBER 701443	ACCOUNT NUMBER	AMOUNT \$4,532.28
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FORM A-8 (REV. 03/11)

CHOOSE ONE CODE THAT DESCRIBES THE DISBURSEMENT

<input type="checkbox"/> TRUST CHECK	<input type="checkbox"/> MEALS IN OFFICE FOR CLIENT MEETINGS - E111
<input type="checkbox"/> NOT CHARGEABLE TO A BILLABLE FILE (SUCH AS CLE, DUES, ETC.)	<input type="checkbox"/> OTHER PROFESSIONALS - E123
<input type="checkbox"/> OTHER EXPENSES - E118 (USE THIS IF IT DOES NOT FALL INTO OTHER CATEGORIES)	<input checked="" type="checkbox"/> OUTSIDE PRINTING - E102
<input type="checkbox"/> ARBITRATORS/MEDIATORS - E121	<input type="checkbox"/> PRIVATE INVESTIGATORS - E120
<input type="checkbox"/> COURT FEES - E112	<input type="checkbox"/> SUBPOENA FEES - E113
<input type="checkbox"/> DEPOSITION TRANSCRIPTS - E115	<input type="checkbox"/> TRIAL EXHIBITS - E117
<input type="checkbox"/> EXPERTS - E119	<input type="checkbox"/> TRIAL TRANSCRIPTS - E116
<input type="checkbox"/> LOCAL COUNSEL - E122	<input type="checkbox"/> WITNESS FEES - E114

Vendor # _____ Vchr # _____
 Separate Ck _____

DEC 26 2012

GIL# _____ File # _____

CHOICE

Professional Overnight Copy Service, Inc.

INVOICE 50127156

TO

Jones Walker - Shannon Liberio
201 St. Charles Ave
Suite 5100
New Orleans, LA 70170

SALESPERSON

John H.

INVOICE DATE

12/20/12

SHIP TO

ACCT #	SHIP DATE	SHIPPED VIA	TERMS	PURCHASE ORDER #
	12/20/12		Net 30	Piccadilly
QTY	DESCRIPTION	UNIT PRICE	AMOUNT	
3040	A copies - Straight Run	0.08	243.20	
160	Mailouts - Items Mailed	0.60	96.00	
160	Postage	1.30	208.00	
			Subtotal	547.20
			Sales Tax	30.53
			TOTAL	\$ 577.73

ORIGINAL INVOICE
Please forward to ACCOUNTING DEPT
for payment. Thank You!

Received by: _____ Date: _____

Please Send Payment to: **CHOICE COPY SERVICE,**
P.O. BOX 62188, NEW ORLEANS, LA. 70162, (504)524-6789
Fed. Tax ID # 72-1240881

Thank You

TERMS: 1 1/2% PER MONTH SERVICE CHARGE WILL BE MADE ON ALL ITEMS NOT COLLECTED WITHIN 30 DAYS OF DUE DATE. IN ADDITION, COSTS AND REASONABLE ATTORNEY'S FEES FOR COLLECTION MAY BE CHARGED