B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT	District of Kansas	PROOF OF CLAIM
Name of Debtor: Gas-Mart USA, Inc.	Case Number: 15-41915-abf11	RECEIVED OCT 28 2015 BMC GROUP COURT USE ONLY

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Gunter Pest Management, Inc.

Name and address where notices should be sent:
Lynch Sharp & Associates, LLC
9229 Ward Parkway, Suite 370
Kansas City, MO 64114

Telephone number: (813) 434-6616 email: lynch@lynchsharp.com

❒ Check this box if this claim amends a previously filed claim.

Court Claim Number:_____
(*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):
Gunter Pest Management, Inc.
220 West 72nd Street
Kansas City, MO 64114

Telephone number: email:

❒ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $ 4,373.67

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

❒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Services Rendered
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:** (See instruction #3a)	**3b. Uniform Claim Identifier (optional):** (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ❒ Real Estate ❒ Motor Vehicle ❒ Other
Describe:

Value of Property: $_____

Annual Interest Rate_____% ❒ Fixed or ❒ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

❒ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

❒ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

❒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

❒ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

❒ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

❒ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

Amount entitled to priority:
$_____

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Gas-Mart USA, Inc. POC
00135

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

❒ I am the creditor. ❒ I am the creditor's authorized agent. ❒ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ❒ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Elizabeth S. Lynch
Title: Attorney
Company: Lynch Sharp & Associates, LLC
Address and telephone number (if different from notice address above):

s/ Elizabeth S. Lynch (Signature) 08/26/2015 (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

220 West 72nd Street
Kansas City, Mo. 64114
(816) 523-0777 / MO • (913) 385-2847 / KS

MEMBER NATIONAL PEST MANAGEMENT ASSOCIATION Inc.

Gunter
PEST & LAWN
www.gunterpest.com

Pest Control • Termite Control
Lawn Care • Fire Safety

DATE	ACCOUNT
29 Jul 15	89901

OUR FED ID# [illegible]
CHECK OR CREDIT CARD ACCEPTED - PAYMENT DUE ON RECEIPT OF STATEMENT
PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 1

GAS MART USA INC
10777 BARKLEY SUITE 200
OVERLAND PARK, KS 66211

ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 80974 PHILLIPS 66 #13
1900 SW US 40 HWY- BLUE SPRINGS, MO

Date	Invoice	Description	Amount	Tax	Balance
11/25/14	1115252	QUARTERLY SERVICE (SURE)	35.00		35.00

For Acct# 58956 PHILLIPS 66 #136
4430 N CHOUTEAU TFWY- KANSAS CITY, MO

08/24/15	1122226	QUARTERLY SERVICE (SURE)	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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29 Jul 15	89901

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STATEMENT
Page 2

GAS MART USA INC
10777 BARKLEY SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 8896A PHILLIPS 66 #139
4400 NE ANTIOCH RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
02/23/15	1122196	QUARTERLY SERVICE (SURE)	35.00		35.00

For Acct# 8869 PHILLIPS 66 #129
4208 S NOLAND RD- INDEPENDENCE, MO

02/25/15	1122343	QUARTERLY SERVICE (SURE)	35.00		35.00

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STATEMENT
Page 3

BAR MART USA INC
10777 BARKLEY SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89006 PHILLIPS 66 #132
8401 W 95 ST- OVERLAND PARK, KS

Date	Invoice	Description	Amount	Tax	Balance
11/24/14	1114991	QUARTERLY SERVICE (SURE)	35.00	2.98	37.98
02/23/15	1122074	QUARTERLY SERVICE (SURE)	35.00	2.98	37.98

For Acct# 89007 PHILLIPS 66 #133
9110 SANTA FE LN- OVERLAND PARK, KS

11/24/14	1114992	QUARTERLY SERVICE (SURE)	35.00	2.98	37.98
02/23/15	1122075	QUARTERLY SERVICE (SURE)	35.00	2.98	37.98

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29 Jul 15	89901

OUR FED ID# [illegible]
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STATEMENT
Page 4

GAS MART USA INC
10777 BARKLEY SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88990 PHILLIPS 66 #6
5050 NE LAKEWOOD WAY- LEE'S SUMMIT, MO

Date	Invoice	Description	Amount	Tax	Balance
08/28/14	1101587	QUARTERLY SERVICE (SURE)	35.00		35.00
11/24/14	1115261	QUARTERLY SERVICE (SURE)	35.00		35.00

For Acct# 88973 PHILLIPS 66 #12
1501 N WOODS CHAPEL RD- BLUE SPRINGS, MO

11/25/14	1115250	QUARTERLY SERVICE (SURE)	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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DATE	ACCOUNT
29 Jul 15	89901

OUR FED ID# 43-0967804
CHECK OR CREDIT CARD ACCEPTED - PAYMENT DUE ON RECEIPT OF STATEMENT
PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 5

GAS MART USA INC
10777 BARKLEY SUITE 200
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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88999 PHILLIPS 66 #14
12421 GRANDVIEW RD- GRANDVIEW, MO

Date	Invoice	Description	Amount	Tax	Balance
09/20/13	1062215	MONTHLY SERVICE	35.00		35.00
09/19/14	1104576	QUARTERLY SERVICE (SURE)	35.00		35.00
For Acct# 88978		PHILLIPS 66 #17			
		11715 E US 24 HWY- SUGAR CREEK, MO			
12/23/14	1115360	QUARTERLY SERVICE (SURE)	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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DATE	ACCOUNT
89 Jul 15	89901

OUR FED ID# - 43-0867484
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STATEMENT
Page 6

GAS MART USA INC
10777 BARKLEY SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89319 PHILLIPS 66 #118
15115 W 119 ST- OLATHE, KS

Date	Invoice	Description	Amount	Tax	Balance
12/16/14	1116128	QUARTERLY SERVICE (SURE)	35.00	3.11	38.11
For Acct# 89320		PHILLIPS 66 #116 9500 W 67 ST- MERRIAM, KS			
12/17/14	1116065	QUARTERLY SERVICE (SURE) UNAPPLIED CREDITS OF $-0.01	35.00	3.02	38.02

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DATE	ACCOUNT
29 Jul 15	89901

OUR FED ID# 43-0667084
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STATEMENT
Page 7

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89321 PHILLIPS 66 #117
11950 W 135 ST- OVERLAND PARK, KS

Date	Invoice	Description	Amount	Tax	Balance
05/27/14	1092328	QUARTERLY SERVICE (SURE)	35.00	2.98	0.04
	"	ANTS - COFFEE AREA			
02/10/15	"	PAYMENT CH.#201358	-37.94		
01/12/15	1119577	MONTHLY SERVICE	35.00	2.98	37.98
02/10/15	1122112	MONTHLY SERVICE	35.00	2.98	37.98

STATEMENT CONTINUED ON NEXT PAGE ...

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29 Jul 15	A9901

OUR FED ID# 43-0867484
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PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 8

GAS MART USA INC
10777 BARKLEY SUITE 200
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ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 7056 PHILLIPS 66 #125
7000 E BANNISTER RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
08/19/14	1101534	QUARTERLY SERVICE (SURE)	35.00		35.00
11/21/14	1115236	QUARTERLY SERVICE (SURE)	35.00		35.00

For Acct# 9896A PHILLIPS 66 #127
6901 NW BARRY RD- KANSAS CITY, MO

11/25/14	1115143	QUARTERLY SERVICE (SURE)	35.00		35.00
02/24/15	1128232	QUARTERLY SERVICE (SURE)	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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DATE	ACCOUNT
29 Jul 15	89901

OUR FED ID# 43-0967484
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STATEMENT
Page 9

GAS MART USA INC
10777 BARKLEY SUITE 200
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AMT. PAID

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88967 PHILLIPS 66 #137
4701 STATE AVE- KANSAS CITY, KS

Date	Invoice	Description	Amount	Tax	Balance
02/06/15	1122040	QUARTERLY SERVICE (SURE)	35.00	3.07	38.07

Your account is over 6 weeks past due. please remit payment by return mail. If you have any questions, please call our office at 816-523-0777. THANKS!

GUNTER FED. ID # 43-0967484

120+	90+	48+	30+	CURRENT	BALANCE DUE
832.12	0.00	0.00	0.00	0.00	832.12

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MEMBER NATIONAL PEST MANAGEMENT ASSOCIATION INC.

Gunter PEST & LAWN

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DATE	ACCOUNT
29 Jul 15	89313

OUR FED ID# 43-0867484
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PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 1

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN & RETURN UPPER PORTION

For Acct# 26003 PHILLIPS 66 #7
4111 BLUE RIDGE CUT OFF- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
12/26/14	1116374	MONTHLY SERVICE	35.00		35.00
04/24/15	1128187	MONTHLY SERVICE	35.00		35.00
For Acct# 88952		PHILLIPS 66 #59			
		10303 LEAVENWORTH RD- KANSAS CITY, KS			
11/26/14	1115000	MONTHLY SERVICE	35.00	3.07	3.07
03/06/15	"	PAYMENT CH.#202376	-35.00		
12/30/14	1116085	MONTHLY SERVICE	35.00	3.07	38.07

STATEMENT CONTINUED ON NEXT PAGE ...

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DATE	ACCOUNT
89 Jul 15	88313

OUR FED ID# [illegible]
www.gunterpest.com
CHECK OR CREDIT CARD ACCEPTED - PAYMENT DUE ON RECEIPT OF STATEMENT
PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 2

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
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ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88962 PHILLIPS 66 #59 (continued)
10303 LEAVENWORTH RD- KANSAS CITY, KS

Date	Invoice	Description	Amount	Tax	Balance
04/22/15	1127910	MONTHLY SERVICE	35.00	3.07	38.07

For Acct# 88963 PHILLIPS 66 #107
6316 N SR 9 HWY- KANSAS CITY, MO

11/25/14	1115144	MONTHLY SERVICE	35.00		35.00
12/23/14	1116255	MONTHLY SERVICE	35.00		35.00
01/27/15	1119708	MONTHLY SERVICE	35.00		35.00
02/24/15	1122233	MONTHLY SERVICE	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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DATE	ACCOUNT
29 Jul 15	89313

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STATEMENT
Page 2

GAS MART USA INC/PHILLIPS 66
10777 PARKLEY-- SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 08965 PHILLIPS 66 #135
6815 E FRONT ST- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
12/23/14	1116252	MONTHLY SERVICE	35.00		35.00
01/27/15	1119705	MONTHLY SERVICE	35.00		35.00
02/24/15	1122229	MONTHLY SERVICE	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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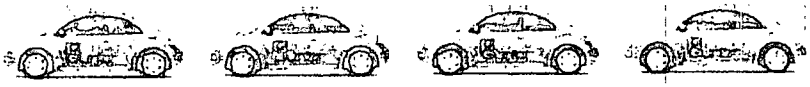

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STATEMENT
Page 4

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
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PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

Fak Acct# 88977 PHILLIPS 66 #15
2561 S SR 291 HWY- INDEPENDENCE, MO

Date	Invoice	Description	Amount	Tax	Balance
01/19/15	1119794	MONTHLY SERVICE	35.00		35.00
04/20/15	1128171	MONTHLY SERVICE	35.00		35.00

Fak Acct# 88980 PHILLIPS 66 #104
9901 NE BARRY RD- KANSAS CITY, MO

12/31/14	1116265	MONTHLY SERVICE	35.00		35.00
01/28/15	1119717	MONTHLY SERVICE	35.00		35.00
02/25/15	1122240	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 5

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10777 BARKLEY- SUITE 200
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PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89981 PHILLIPS 66 #113
1202 N SR 7 HWY- BLUE SPRINGS, MO

Date	Invoice	Description	Amount	Tax	Balance
12/23/14	1116362	MONTHLY SERVICE	35.00		35.00
01/27/15	1119826	MONTHLY SERVICE	35.00		35.00
02/24/15	1122339	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 6

BAG MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88982 PHILLIPS 66 #123
920 SUTTON PL- LIBERTY, MO

Date	Invoice	Description	Amount	Tax	Balance
10/19/14	1116241	MONTHLY SERVICE	35.00		35.00
01/23/15	1119670	MONTHLY SERVICE	35.00		35.00
02/20/15	1122216	MONTHLY SERVICE	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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STATEMENT
Page 7

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN. RETURN UPPER PORTION

For Acct# A9983 PHILLIPS 66 #131
100 S FORREST AVE- LIBERTY, MO

Date	Invoice	Description	Amount	Tax	Balance
12/19/14	1116240	MONTHLY SERVICE	35.00		35.00
01/23/15	1119669	MONTHLY SERVICE	35.00		35.00
02/20/15	1122215	MONTHLY SERVICE	35.00		35.00

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STATEMENT
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PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88991 PHILLIPS 66 #16
17600 E 39 ST S- INDEPENDENCE, MO

Date	Invoice	Description	Amount	Tax	Balance
01/19/15	1119791	MONTHLY SERVICE	35.00		35.00
04/20/15	1128168	MONTHLY SERVICE	35.00		35.00

For Acct# 88992 PHILLIPS 66 #115
9917 E BANNISTER RD- KANSAS CITY, MO

09/26/14	1104600	MONTHLY SERVICE	35.00		35.00
10/24/14	1108931	MONTHLY SERVICE	35.00		35.00
12/26/14	1116375	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 9

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PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88992 PHILLIPS 66 #115 (continued)
9917 E BANNISTER RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
01/23/15	1119813	MONTHLY SERVICE	35.00		35.00

For Acct# 88993 PHILLIPS 66 #118
9805 E SR 350 HWY- RAYTOWN, MO

12/26/14	1116776	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 10

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For Acct# 88994 PHILLIPS 66 #121
6903 BLUE RIDGE BLVD- RAYTOWN, MO

Date	Invoice	Description	Amount	Tax	Balance
10/30/14	1108933	MONTHLY SERVICE	35.00		35.00
11/25/14	1115871	MONTHLY SERVICE	35.00		35.00
12/26/14	1116377	MONTHLY SERVICE	35.00		35.00
01/28/15	1119815	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 11

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AMT. PAID _____

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For Acct# GA995 PHILLIPS 66 #12P
8100 WESTRIDGE RD- RAYTOWN, MO

Date	Invoice	Description	Amount	Tax	Balance
06/16/14	1092205	MONTHLY SERVICE	35.00		35.00
11/25/14	1115263	MONTHLY SERVICE	35.00		35.00
12/26/14	1116371	MONTHLY SERVICE	35.00		35.00
01/27/15	1119809	MONTHLY SERVICE	35.00		35.00
02/27/15	1122353	MONTHLY SERVICE	35.00		35.00
04/24/15	1128184	MONTHLY SERVICE	35.00		35.00

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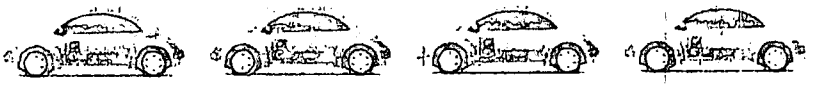

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STATEMENT
Page 12

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 88996 PHILLIPS 66 #124
300 SE SR 291 HWY- LEE'S SUMMIT, MO

Date	Invoice	Description	Amount	Tax	Balance
01/15/15	1119780	MONTHLY SERVICE	35.00		35.00
02/19/15	1122316	MONTHLY SERVICE	35.00		35.00

For Acct# 88997 PHILLIPS 66 #128
6024 BLUE RIDGE BLVD- RAYTOWN, MO

12/26/14	1116378	MONTHLY SERVICE	35.00		35.00
01/28/15	1119816	MONTHLY SERVICE	35.00		35.00
01/28/15	1124554	MONTHLY SERVICE	35.00		35.00

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OUR FED ID# [illegible]
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STATEMENT
Page 13

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# A8998 PHILLIPS 66 #9
500 E NORTH AVE- BELTON, MO

Date	Invoice	Description	Amount	Tax	Balance
12/31/14	1116347	MONTHLY SERVICE	35.00		35.00
01/18/15	1119786	MONTHLY SERVICE	35.00		35.00
03/20/15	1124524	MONTHLY SERVICE	35.00		35.00
04/17/15	1128163	MONTHLY SERVICE	35.00		35.00

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OUR FED ID# 43-0667484
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STATEMENT
Page 14

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AMT. PAID _____

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For Acct# 89000 PHILLIPS 66 #103
10245 STATE LINE RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
12/26/14	1116448	MONTHLY SERVICE	35.00		35.00
01/23/15	1119874	MONTHLY SERVICE	35.00		35.00

For Acct# 89001 PHILLIPS 66 #106
7447 STATE LINE RD- KANSAS CITY, MO

10/24/14	1109009	MONTHLY SERVICE	35.00		35.00
11/26/14	1115341	MONTHLY SERVICE	35.00		35.00
12/23/14	1116452	MONTHLY SERVICE	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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STATEMENT
Page 15

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ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89001 PHILLIPS 66 #106 (continued)
7447 STATE LINE RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
01/23/15	1119879	MONTHLY SERVICE	35.00		35.00

For Acct# 89002 PHILLIPS 66 #108
11100 HOLMES RD- KANSAS CITY, MO

07/24/14	1097495	MONTHLY SERVICE	35.00		35.00
08/29/14	1101660	MONTHLY SERVICE	35.00		35.00
09/23/14	1104671	MONTHLY SERVICE	35.00		35.00
10/23/14	1109006	MONTHLY SERVICE	35.00		35.00

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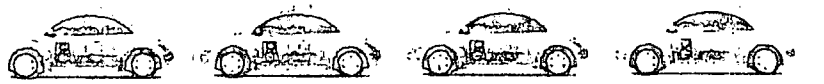

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STATEMENT
Page 16

GAS MART USA INC/PHILLIPS 66
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ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# A9002 PHILLIPS 66 #10A (continued)
11100 HOLMES RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
11/26/14	1115338	MONTHLY SERVICE	35.00		35.00
12/26/14	1116449	MONTHLY SERVICE	35.00		35.00
01/23/15	1119875	MONTHLY SERVICE	35.00		35.00

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STATEMENT
Page 17

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AMT. PAID _____

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For Acct# 89003 PHILLIPS 66 #114
7900 WORNALL RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
07/25/14	1097490	MONTHLY SERVICE	35.00		35.00
08/22/14	1101638	MONTHLY SERVICE	35.00		35.00
09/25/14	1104674	MONTHLY SERVICE	35.00		35.00
10/24/14	1109010	MONTHLY SERVICE	35.00		35.00
11/26/14	1115342	MONTHLY SERVICE	35.00		35.00
12/23/14	1116452	MONTHLY SERVICE	35.00		35.00
01/20/15	1119880	MONTHLY SERVICE	35.00		35.00

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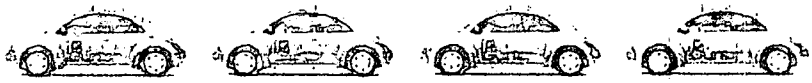

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STATEMENT
Page 18

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10777 BARKLEY- SUITE 200
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ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

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For Acct# 89004 PHILLIPS 66 #119
7475 W 95 ST- OVERLAND PARK, KS

Date	Invoice	Description	Amount	Tax	Balance
01/14/15	1119525	MONTHLY SERVICE	35.00	2.98	37.98
02/20/15	1122071	MONTHLY SERVICE	35.00	2.98	37.98

For Acct# 89005 PHILLIPS 66 #126
9440 MISSION RD- LEAWOOD, KS

12/19/14	1116423	MONTHLY SERVICE	35.00	2.98	37.98
01/16/15	1119859	MONTHLY SERVICE	35.00	2.98	37.94
01/18/15	"	from PAYMENT CH.#501770 12/05/14	-0.04		

STATEMENT CONTINUED ON NEXT PAGE ...

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220 West 72nd Street
Kansas City, Mo. 64114
(816) 523-0777 / MO • (913) 385-2847 / KS

MEMBER NATIONAL PEST MANAGEMENT ASSOCIATION INC.

Gunter PEST & LAWN

www.gunterpest.com

Pest Control • Termite Control
Lawn Care • Fire Safety

DATE	ACCOUNT
29 Jul 15	89313

OUR FED ID# [illegible]
CHECK OR CREDIT CARD ACCEPTED - PAYMENT DUE ON RECEIPT OF STATEMENT
PLEASE SEND PAYMENT TO: 220 W. 72ND ST., K.C. MO 64114

STATEMENT
Page 19

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 09005 PHILLIPS 66 #126 (continued)
9440 MISSION RD- LEAWOOD, KS

Date	Invoice	Description	Amount	Tax	Balance
02/20/15	1122405	MONTHLY SERVICE	35.00	2.98	37.98

For Acct# 09008 PHILLIPS 66 #134
4815 ROE BLVD- ROELAND PARK, KS

12/15/14	1116403	MONTHLY SERVICE	35.00	3.02	38.02
01/07/15	1119445	MONTHLY SERVICE	35.00	3.02	38.02
02/16/15	1121974	MONTHLY SERVICE	35.00	3.02	38.02
		UNAPPLIED CREDITS OF $-0.09			

STATEMENT CONTINUED ON NEXT PAGE ...

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STATEMENT
Page 20

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

For Acct# 89010 PHILLIPS 66 #105
1800 E SANTA FE ST- GARDNER, KS

Date	Invoice	Description	Amount	Tax	Balance
12/22/14	1116156	MONTHLY SERVICE	35.00	3.11	38.11
01/22/15	1119593	MONTHLY SERVICE	35.00	3.11	38.07
01/22/15	"	from PAYMENT CH.#501770 12/05/14	-0.04		

STATEMENT CONTINUED ON NEXT PAGE ...

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OUR FED ID# -- 43-0867484

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STATEMENT
Page 01

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

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For Acct# 89011 PHILLIPS 66 #109
15855 W 87 ST PKY- LENEXA, KS

Date	Invoice	Description	Amount	Tax	Balance
01/13/15	1119514	MONTHLY SERVICE	35.00	3.06	38.06

For Acct# 89012 PHILLIPS 66 #110
8150 W 151 ST- OVERLAND PARK, KS

01/05/15	1119560	MONTHLY SERVICE	35.00	2.98	37.98
02/05/15	1122106	MONTHLY SERVICE	35.00	2.98	37.98

STATEMENT CONTINUED ON NEXT PAGE ...

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STATEMENT
Page 22

BBS MART USA INC/PHILIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN - RETURN UPPER PORTION

Fac Acct# 90013 PHILIPS 66 #111
15065 W 151 ST- OLATHE, KS

Date	Invoice	Description	Amount	Tax	Balance
12/28/14	1116155	MONTHLY SERVICE	35.00	3.11	38.11
01/28/15	1119598	MONTHLY SERVICE	35.00	3.11	38.11
Fac Acct# 90052		PHILIPS 66 #5			
		7128 S 4 ST- LEAVENWORTH, KS			
12/30/14	1116083	MONTHLY SERVICE	35.00	2.85	37.85
04/22/15	1127908	MONTHLY SERVICE	35.00	3.03	38.03

STATEMENT CONTINUED ON NEXT PAGE ...

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STATEMENT
Page 23

GAS MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

ASK ABOUT OUR SENTRICON TERMITE COLONY ELIMINATION!

AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN & RETURN UPPER PORTION

For Acct# 90135 PHILLIPS 66 #3
2301 PRAIRIE VIEW RD- PLATTE CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
12/12/14	1116197	MONTHLY SERVICE	35.00		35.00
01/13/15	1119653	MONTHLY SERVICE	35.00		35.00
04/14/15	1128031	MONTHLY SERVICE	35.00		35.00
05/13/15	1135395	MONTHLY SERVICE	35.00		35.00

STATEMENT CONTINUED ON NEXT PAGE ...

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OUR FED ID# - 43-0867484
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STATEMENT
Page P4

GOR MART USA INC/PHILLIPS 66
10777 BARKLEY- SUITE 200
OVERLAND PARK, KS 66211

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AMT. PAID _____

PLEASE PAY THE AMOUNT SHOWN & RETURN UPPER PORTION

For Acct# 90136 PHILLIPS 66 #11
1203 ARMOUR RD- KANSAS CITY, MO

Date	Invoice	Description	Amount	Tax	Balance
04/15/15	1128038	MONTHLY SERVICE	35.00		35.00

For Acct# 90137 PHILLIPS 66 #13A
11210 STRANG LINE RD- LENEXA, KS

12/31/14	1116096	MONTHLY SERVICE	35.00	3.06	38.06
01/23/15	1119547	MONTHLY SERVICE	35.00	3.06	38.06

STATEMENT CONTINUED ON NEXT PAGE ...

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Page 25

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For Acct# 89584 PHILLIPS 66 #10
7303 N OAK TRAFFICWAY- GLADSTONE, MO

Date	Invoice	Description	Amount	Tax	Balance
01/09/15	1119636	MONTHLY SERVICE	35.00		35.00
02/13/15	1122187	MONTHLY SERVICE	35.00		35.00

For Acct# 91312 PHILLIPS 66 #4
850 E COOPER AVE- WARRENSBURG, MO

04/27/15	1128108	MONTHLY SERVICE	40.00		40.00
04/18/15	1124475	MONTHLY SERVICE	40.00		40.00

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Page 26

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Date	Invoice	Description	Amount	Tax	Balance

Your account is over 6 weeks past due. Please remit payment by return mail. If you have any questions, please call our office at 816-523-0777. THANKS!

GUNTER FED. ID # 43-0967484

120+	90+	60+	30+	CURRENT	BALANCE DUE
3105.45	401.10	35.00	0.00	0.00	3541.55

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