UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION	PRO	OF OF CLAIN		AIM IS SCHEDULED AS:
In re:	Case Nun	nber:	Scriedule/Claim i	50090
TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	3:09-b	bk-07047-JAF	Amount/Classifica \$990.73 Unsecur	
NOTE: This form should not be used to make a claim for an administrative expensafter the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	e	Check box if you are aware tanyone else has filed a proof of claim relating to your claim. Attacopy of statement giving particular	sh d	!
Name of Creditor and Address: the person or other entity to whom the	e debtor ow	res money or property		s) reflected above constitute your claim
2183692900106 PEARSON, LINDA J 1169 PEAR TREE DRIVE	-	AIM FI JACKSONVILLE, FLORIDA	amounts set f	by the Debtor. If you agree with the orth herein, and have no other claim ebtor, you do not need to file this proof EPT as stated below.
SANDY, UT 84094		APR 27 2010	Contingent, U proof of claim If you have all	ts shown above are listed as Unliquidated or Disputed "CUD", a n must be filed. ready filed a proof of claim with the rt or BMC, you do not need to file again.
		where Notice is to be sen	ID (	The black you do not need to me again.
Name and address where payment should be sent (if different from about 1109 Pear Tree Dr. SANDY UT 84094  Payment Telephone Number ( )	t L	Check this box if you are he debtor or trustee in this case.	claim amen	box to indicate that this ds a previously filed claim. ber (if known):
4 AMOUNT OF OLAIM AC OF DATE CACE FILED A				: :
If all or part of your claim is secured, complete item 4 below; however, if all of the lift of your claim is entitled to priority, complete item 5.	of your claim	·		
Check this box if claim includes interest or other charges in addition to the pr 2. BASIS FOR CLAIM:	(See instru			UMBER BY WHICH CREDITOR
UNREIMBURGED EXPENSES	#2 and #3a reverse sid	a on IDENTIFIES DE		.8147
Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information	cured Claim	Amount: \$	y.	O_NOT_ include the priority portion of our claim here.  ne case filed included in secured claim,
Value of Property: \$ Annual Interest Rate:	%	if any: \$	Ba	asis for Perfection:
5. PRIORITY CLAIM  Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	riority Claim .	Amount: \$		Include ONLY the priority portion of your unsecured claim here.
You MUST specify the priority of the claim:		Up to \$2,425* of deposits to	ward nurshage loos	o or contal of property or
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		services for personal, family		
Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to	governmental units -	11 U.S.C. § 507(a)(8).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable p	= -	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to ac with respect to cases comn	•	nd every 3 years thereafter e date of adjustment.
6. CREDITS: The amount of all payments on this claim has been credity. SUPPORTING DOCUMENTS: <u>Attach redacted copies of supports</u> statements of running accounts, contracts, court judgments, mortgag evidence of perfection of a security interest. (See definition of "redact DATE-STAMPED COPY To receive an acknowledgment of the file.")	ting docume ges, and se- ted" on revo illing of you	<u>ents,</u> such as promissor ecurity agreements. You r erse side.) If ir claim, <sub>DO</sub>	y notes, purchase on nay also attach a s the documents are no NOT SEND ORIGIN	summary. Attach redacted copies of ot available, please explain.  NAL DOCUMENTS. ATTACHED
enclose a stamped, self-addressed envelope and copy of this proof of				DESTROYED AFTER SCANNING.
The original of this completed proof of claim form must be sent by matelecopy or other electronic means NOT accepted), so that it is actual Eastern Time on June 15, 2010, the Bar Date (as defined in the Bar I	ally received	d on or before 5:00 p.m.		THIS SPACE FOR COURT USE ONLY  T, B & W Mortgage Corp.
BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 BMC Group, Inc. BMC Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing 187	IC Group, Inc	ean & Whitaker Mortgage Co ive East	•	
DATE SIGNATURE: The person filing this claim must	sign it. Sign	and print name and title, if a	ny, of the creditor or	other person authorized to file this claim
3-11-10 and state address and telephone	number if di	lifferent from the notice addre	ess above. Attach cop	
Penalty for presenting fraudulent claim is a fine of up to \$500,000 drippisonment	for up to 5 y	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, there may be exceptions to these general rules.

#### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

#### Court, Name of Debtor, and Case Number:

Use this proof of claim form only if you are asserting a claim against the Debtor, Taylor, Bean & Whitaker Mortgage Corp. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

DEBTOR	CASE NO	PETITION DATE
Taylor, Bean & Whitaker Mortgage Corp.	3:09-bk-07047-JAF	8/24/2009

#### 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 (in lawful US currency) owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. 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.

# 3. Last Four Digits of Any Number by Which Creditor Identifies

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:

Use this space to 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.

#### 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.)

State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

#### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) 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. Supporting Documents:

A ttach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary if documentation is voluminous or an explanation if documentation is not available. You must also attach copies of documents that evidence perfection of any security' interest. You may also attach a summary, FRBP 3001(c) and (d).

Do not send original documents, as attachments may be destroyed after scanning.

#### Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### Date-Stamped Copy: .

If you wish to receive an Return claim form and attachments. acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

#### **DEFINITIONS**

#### DEBTOR

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

#### CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

A claim is the creditor's right to receive payment on a debt that was 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 form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

#### 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 NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

#### UNSECURED PRIORITY CLAIM 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.

#### **Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

#### INFORMATION

document showing that the lien has been filed or recorded

#### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

#### Offers to Purchase a Claim

I have be

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.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/tbwnrortgage

# Case 3:09-bk-07047-JAF Doc 949 Filed 01/26/10 Page 69 of 117

86F (Official Form 6F) (12/07) - Cont.

8
181
W - Am to
Sch F
#2

Case No. 3:09-bk-07047-JAF

ln re

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

9,042.24	eg .	Pis I	(Total of this page)		Sheet no. 67 of 115 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims
785.04	<u> </u>	Subtotal			Sarasota, FL 34236
					Livingston, Patterson, Strickland & Sieg 46 North Washington Bivd #1
					Account No.
5,875.48	<del> </del>				Account No. Littler Mendelson, PC 650 California Street, 20th FL San Francisco, CA 94108
268.99					Account No.  Lisa Miller clo TBW 200 Crowne Point Place 45241 Cincinnati, OH 45241
1,122.00		<del> </del>			Account No. Linda Zadach 7370 Hodgson Memorial Drive, Ste A-7 Savannah, GA 31406
990.73		<b> </b>			Linda Pearson 1169 Pear Tree Drive Sandy, UT 84094
				$\dashv$	Account No.
AMOUNT OF CLAIM	0 m - c - 0 m - 0	>0-C0-C2C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOPF, SO STATE.	D - S I I	CREDITOR'S NAME. MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)
	1	١			

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Best Case Bankruptcy

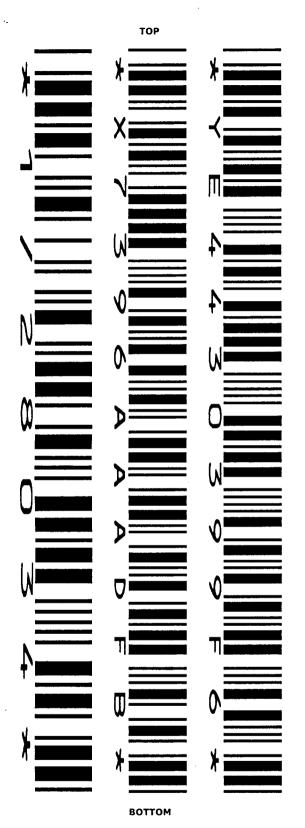
Best Case Bankruptcy

Case 3:09-bk-07047-JAF Doc 949 Filed 01/26/10 Page 70 of 117

B6F (Official Form 6F) (12/07) - Cont.

SCHEDULE F - CRËDĪTORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	his page	(Total of this page)		Creditors Holding Unsecured Nonpriority Claims
6.837.84	Subtotal		~ [	
62.09				Mahmod K Mohamad 9625 Misty Knoll Drive Cordova, TN 38016
				Account No.
1,460.54				Account No.  M & T Mortgage Corp 1 Fountain Plaza, 7th Floor Buffalo, NY 14203
100.00				Account No.  Lunar Appraisal Group PO Box 494 Shelton, CT 06484
1,745.32				Account No.  Lonesource Inc 5150 Peachtree Industrial Blvd, Ste 300 Norcross, GA 30071
3,469.89	On On			Account No.  Lobe & Fortin, PLC  30 Kimball Avenue, Ste 306  South Burlington, VT 05403
AMOUNT OF CLAIM	-2mgz-4200	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	20-48m000	CREDITOR'S NAME. MAILING ADDRESS MCLUDING ZIP CODE. AND ACCOUNT NUMBER (See instructions above.)



## **FAX COVER PAGE**

Fax this page and your receipts to: 1-866-246-9627 (United States)

### **Report Summary:**

Expense Report:

Linda Pearson

**Business Purpose:** 

Expenses

Employee Name:

LINDA PEARSON

Employee ID:

103235

Report Total:

\$670.80

Company Name:

Taylor, Bean & Whitaker Mortgage

Corporation

Company ID:

28034

Report ID:

7396AAADFBE4430399F6

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## INSTRUCTIONS FOR FAXING RECEIPTS

(do not fax this page)

\*\* Customer Copy \*\* Apple Spice Junction Tab: 30001 Reg 2 6/5/2009 9:17 AM

Transaction #

68830

Visa

\$240.26 Amount

TIP: 20.00 TOTAL: 260.26

## Apple Spice Junction

6520 S. 900 E. Murray, UT 84121 Phone: (801) 263-7799 Fax: (801) 263-7775

Table Q#2

68830 Trans#: 6/5/2009 9:16 AM

Serv: Reg 2 # Cust:1

Cost Quan Descript

Scheduled For 6/5/2009 12:30 PM 

21 Taco Bar

\$188.79

1 Service Charge 18% 

**\$**36.65

Net Total: \$225.44 \$14.82

TAX ---------

TOTAL: \$240.26 Amount Due: \$240.26

LINDA PEARSON DO

Telephone: (801)999-3819 6875 S. 900 E.

TAYLOR BEAN

Salt Lake City, Utah Directions

CREDIT CARD

Points earned this check: 189 Current Points Balance : 0

LINDA PEARSON

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www.Applespice.com



30674 BREAD E 693395 BACON H 343803 BENGAY 867257 DVD 763260 HVY DTY PLT SUBTOTAL 3.18

1 6.850 % 2 3.000 % DEBIT TEND CHANGE DUE TAX 1 TAX 2 0.28 59.03 59.03

EFT DEBIT PAY FROM PRIMARY
ACCOUNT: 59.03 TOTAL PURCHASE
REF # 918300565253
NETWORK ID. 0081 APPR CODE 191095

Continued on back...

CLUB MANAGER ROBERT HOLBROOK ( 801 ) 262 - 6444 Fax and Pull # (801)262-6396 MURRAY, UT 07/02/09 16:19 4239 6683 038 2648 W MEMBER 101-\*\*\*\*\*7876 THANK YOU, SELECT ONE MORTGAGE INC 2.38 R 6.83 R 9.88 T



CLUB MANAGER ROBERT HOLBROOK ( 801 ) 262 - 6444 Fax and Pull # (801)262-6396 MURRAY, UT 05/28/09 14:20 1063 6683 010

2637

W MEMBER 101-\*\*\*\*\*7876

THANK YOU, SELECT ONE MORTGAGE INC

E	695618 PAPEP TOWEL 950212 8 1/2 PLATE 309203 BOWL 300 CT 844088 RED CUPS 116641 THE MIX 121238 HIGHLIGHTERS 658277 EXACT LINER 243810 3X3 NOTES 140634 WHITE KNIFE SUBTOTAL	14.22 T 12.97 T 7.88 T 8.86 T 9.77 R 8.87 T 9.08 T 15.57 T 10.28 T 97.250
	TAX 1 6.850 %	0.29
	TAX 2 3.000 %	103.80
	TOTAL	100.00
	DEBIT TEND	103.80
	CHANGE DUE	0.00

PAY FROM PRIMARY 3584 EFT DEBIT PAY FROM 350 ACCOUNT: 350 TOTAL PURCHASE Continued on back...



CLUB MANAGER ROBERT HOLBROOK ( 801 ) 262 - 6444 Fax and Pull # (801)262-6396 MURRAY, UT 07/23/09 14:10 5674 6683 006

2274

₩ MEMBER 101-\*\*\*\*\*7876

# THANK YOU, SELECT ONE MORTGAGE INC

988507 WHITE FORK 695618 PAPER TOWEL 9.84 9.84 14.22 8.98 9.84 11.72 7.88 28.24 9.33 8.98 844088 RED CUPS 988514 WHITE SPOON 271303 CLOROX WIPES 309203 BOWL 300 CT 134195 MAGIC TAPE 134195 MAGIC TAFE 210588 POST-ITS 658277 EXACT LINER 658277 EXACT LINER 872407 EXACT LINER 8.98 12.56 I 8.98 T 11.87 T 55.97 T 15.84 T 9.77 R 9.87 R 2.84 T 195.71 12.06 0.59 208.36 12.56 668781 ENERGIZER 3998 TI SCISSORS 712123 #10 ENVELOPE 849026 60PK TERRY 116641 THE MIX 7737 FACTORYFAV 31889 STAPLES SUBTOTAL 6.850 % 3.000 % TAX 1 TAX 2 TOTAL DEBIT TEND 208.36 208.36 CHANGE DUE 0.00

Continued on back...

FINE POS. LICENSES
Walmart >

Save money. Live b.

WAL\*MART
WE SELL FOR LESS
MANAGER CIJA DOYLE
( 801 ) 352 - 4200

ST# 5235 OP# 00001371 TE# 09 TR# 09540
BRRWNY 8 TWL 004200044878 7.24 X
PHOTO FRAME 003855535903 2.50 X
O3855535903 2.50 X
SUBTOTAL 22.24
6.850 % 1.52
TOTAL 23.76
TOTAL 23.76
0.00

PAY FROM PRIMARY EFT DEBIT EF1 UED1: ACCOUNT: 23.76 TOTAL PURCHASE REF # 919200805384 NETWORK ID. 0081 APPR CODE 819004 07/11/09 17:37:22

# ITEMS SOLD

TC# 0042 3652 6456 9176 510

Find simple tips and earth-friendly products at walmart.com/green 07/11/09 17:37:29

Gov. Edward G. Rendell

Record Check

Help

# **Record Check Request Results**

The results of your background check requests are displayed below. This page will automatically refresh several times and update the status of your record checks. **Please wait until processing has finished before reviewing any background checks.** Once processing is complete, click on the Control Number hyperlink to view the details of a specific record check.

## **Record Check Results**

Control #

Subject Name

Date of Request

Status

R5925581

PEARSON, LINDA JO

07/14/2009 12:57 PM

No Record

1 Record Check(s)

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Gov. Edward G. Rendell Help

Home

# **Verify Credit Card Information**

Please verify that the following credit card is the one that you would like to charge for these background checks. Once the "Submit" button is clicked, this charge will be processed.

Record Check

Your account will be charged a total of \$10.00 dollars.

Cardholder Name:

LINDA PEARSON

Address: 1169 PEAR TREE DIRVE

SANDY, UT

84094

Credit Card Type: VISA

Credit Card Number: 44099700000

Expiration Date: 6/2011

**Credit Card Verfication Number: 971** 

Please make a note of the control number. If the status is "Request Under Reveiw" it will take from two to four weeks for the status to be updated to "No Record" or "Record". "No Record" status should be printed out at your printer. "Record" status will be mailed to you.







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40 Col. Printer

> Transaction detail for paymen	t to Draper City.		Date: 07	7/14/2009 - 1:13:01 PM
, mansaodon eesaa j	Transaction N Visa — XXXX	lumber: 6269288PT (-XXXX-XXXX-3584 Successful		
	Reference #	Amt per item	# Items	Total Amt
Description	Keterenoe »	\$6.00	8	\$48.00
FINGERPRINTING-912				
Notes: Account Information: First/Company Name: Linda Last Name: Pearson Address: 1169 Peartree Dr City, State Zip: Sandy, UT 84094				

**Billing Information** 

Linda Pearson 1169 Peartree Dr Sandy, UT 84094 Total Paid: \$48.00

Transaction taken by: trena

Print | Close

Payment Service Provided By www.xpressbillpay.com

Gov. Edward G. Rendell

Home

Record Check

Help

# **Record Check Request Results**

The results of your background check requests are displayed below. This page will automatically refresh several times and update the status of your record checks. **Please wait until processing has finished before reviewing any background checks.** Once processing is complete, click on the Control Number hyperlink to view the details of a specific record check.

## **Record Check Results**

Control #

Subject Name

Date of Request

Status

R5925581

PEARSON,LINDA JO

07/14/2009 12:57 PM

No Record

1 Record Check(s)

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Pennsylvania Home Site

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Gov. Edward G. Rendell

Help

Record Check

# **Verify Credit Card Information**

Please verify that the following credit card is the one that you would like to charge for these background checks. Once the "Submit" button is clicked, this charge will be processed.

Your account will be charged a total of \$10.00 dollars.

Cardholder Name:

LINDA PEARSON

Address: 1169 PEAR TREE DIRVE

SANDY, UT

84094

Credit Card Type: VISA

Credit Card Number: 44099700000

Expiration Date: 6/2011 Credit Card Verfication Number: 971

Please make a note of the control number. If the status is "Request Under Reveiw" it will take from two to four weeks for the status to be updated to "No Record" or "Record". "No Record" status should be printed out at your printer. "Record" status will be mailed to you.







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▶ Transaction detail for paymer	nt to Draper City.		Date: 0	7/14/2009 - 1:13:01 PM
	lumber: 6269288PT (-XXXX-XXXX-3584 Successful			
Description	Reference #	Amt per Item	# Items	Total Amt
FINGERPRINTING-912		\$6.00	8	\$48.00
Notes: Account Information: First/Company Name: Linda Last Name: Pearson Address: 1169 Peartree Dr City, State Zip: Sandy, UT 84094 Phone:				

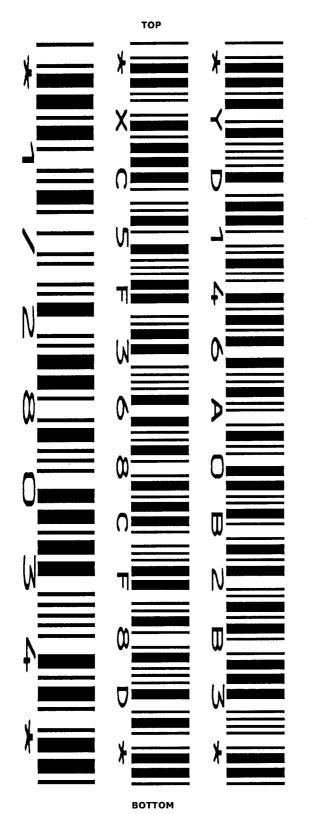
**Billing Information** 

Linda Pearson 1169 Peartree Dr Sandy, UT 84094 Total Paid: \$48.00

Transaction taken by: trena

Print | Close

Payment Service Provided By www.xpressbillpay.com



## **FAX COVER PAGE**

Fax this page and your receipts to: 1-866-246-9627 (United States)

#### **Report Summary:**

**Expense Report:** 

LINDA PEARSON

Business Purpose:

**EXPENSE** 

Employee Name:

LINDA PEARSON

Employee ID:

103235

28034

Report Total:

\$319.93

Company Name:

Taylor, Bean & Whitaker Mortgage

Corporation

Company ID:

Report ID:

C5F368CF8DD146A0B2B3

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## INSTRUCTIONS FOR FAXING RECEIPTS

(do not fax this page)

Jason's Deli 184 E Winchester St Salt Lake City, UT 801-263-1000

#### PU LINDA

Host: Ni PU LINDA REPRINT# Order Ty		07/31/2009 11:52 AM 20004
Deluxe Sa Plates, l	dley Tray (20 @2.50) andwich Tray 18 Forks, Napkins Forks and Napkins	50.00 115.00 0.00
DELIVERY	FEE	7.00
Deliven Huntsman No Chan	Cancer Donation	0.00
Subtotal Tax		172.00 13.53
Pick	Up Total	185.53
	XXXXXXXXXX3584	185.53
VISA #XXX	XXXXXXXXXX3584	
VISA #XXX Auth:18	XXXXXXXXXX3584 0621	
VISA #XXX Auth:18 Tip	:	185.53

Jason's Deli Everything is FREE... Of Artificial Trans Fats!



# **OfficeWax**

进行,并以下是海底的 医糖品的 K K K

OfficeMax #126 1016 E. FORT UNION BLVD. MIDVALE, UT 84047 (801) 566-7578

Tell us about, your shopping experience and enter to win 10 of 5 prizes. Visit www.officemax.com/store/survey to enter and to view the terms and conditions of entering the survey.

011491977887	\$6.98
Dry Correction 6 Pack 011491977887	\$6.98
Dry Correction 6 Pack 00011491998516	\$2.99
Magnetic Clips Translucent 0728382602(5)	<b>: \$8:49</b>
00011491998448	\$2.99
Cubicle Clips Translucent 00011491998448 Cubicle Clips Translucent	\$2.99
00011491998448	\$2.99
Cubicle Clips Translucent 00011491998448	\$2.99
Cubicle Clips Translucent 00011491998516	\$2.99
Magnetic Clips Translucent 000114919984486 Cubicle Clips Translucent	\$2,99
00011491998448	\$2.99
Cubicle Clips Translucent	
SubTotal Tax 6.850% TOTAL	\$46.37 \$3.18 \$49.55
Debit Card number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

95447516 0126 00001 48056 4 08/04/09 00391932 11:28:45 AM

ORDER BY PHONE 1-877-OFFICEMAX





SANDY SOUTH TOWNE - 801-255-3301 07/21/2009 08:20 PM EXPIRES 10/19/09

# 

FTCF			
COMP BOOK	T	2.00	1
	4 08		
COMP BOOK	T.50	8.00	1
	16 22		
10CT SRX	10.32 T	7.49	
CLIDITO	TAL	17 40	
		1.20	
	4 @ 0.50 Saved 2.08 off COMP BOOK 16 @ 0.50 Saved 8.32 off 10CT SRX	COMP BOOK T 4 @ 0.50 Saved 2.08 off 4.08 COMP BOOK T 16 @ 0.50 Saved 8.32 off 16.32	COMP BOOK

TOTAL 18.69

> \*3584 DEBIT TOTAL PAYMENT 18.69

> > ↓ INDICATES SAVINGS

YOU SAVED

10.40

Target Pharmacy We're here to help!
9am - 9pm M-F
9am - 6pm Sat
9am - 6pm Sun

REC#2-9202-1752-0075-9944-0 VCD#752-282-149



THANK YOU FOR SHOPPING AT ZURCHERS Your Discount Party and Wedding Store Midvale - 801.255.2300 1102 E. Fort Union Blvd

033988033708 033988033708 033988033203 033988033203 780984994044 780984994044 726528215824 726528225335 726528196284 726528215510 726528215510 726528215862 726528196314 72652825359 726528215862 726528215862 726528215862 726528215862 048419651024 048419651017	STREAMERS F STREAMER BL STREAMER BL PRING MAGI SPRING MAGI HANGING DEC DANGLER DIS DANGLER CIN HEADBAND TI HEADBAND TI HEADBAND TI HANGING DEC CONFETTI TI CONFETTI DI CONFETTI TI CONFETTI TI SCENE SETTE SCENE SETTE	2.63 2.63 2.63 1.87 1.87 3.97 3.97 2.97 2.97 1.97 1.97 1.97 1.97 3.97	T T T T T T T T T T T T T T T T T T T
			•

SUBTOTAL 56.30 TAX RATE 3.86 TOTAL 60.16 VISA (60.16)

TYPE: SALE/SWIPED VISA: XXXXXXXXXXXXX3584

APPR:213632

NAME:LINDA PEARSON

AA2 571 # 110 Register:REG2 Aug 1 2009 3:26 PM

Returns w/ reciept only. No returns on hats, standup, clearance. Checks have 10 day wait period. No cash given over \$40.





► Transaction detail for payment to Draper City.			Date: 08/04/2009 - 10:40:01 AM	
	Visa — XXXX	Number: 6389880PT K-XXXX-XXXX-3584 Successful		
Description	Reference #	Amt per Item	# Items	Total Amt
FINGERPRINTING-912		\$6.00	1	\$6.00

Billing Information Linda Pearson

, 84094

Total Paid: \$6.00

Transaction taken by: liliana

Print | Close

Payment Service Provided By www.xpressbillpay.com