

**PROPERTY RESTORATION**

4713 GREENLEAF COURT, UNIT C  
 MODESTO, CA 95356  
 PHONE: (209) 236-1100  
 FAX: (209) 236.1133  
 EMAIL CONTACT: Kim.Stillman@us.belfor.com  
 TAX ID NO: 84-1309171  
 CA LICENSE NO: GC#810553

**INVOICE/STATEMENT**

STATEMENT DATE 03.05.2025  
 CUSTOMER NO. 1994940

**BILL TO:** CITY OF MERCED  
 678 WEST 18TH STREET  
 MERCED CA 95340

**JOB SITE:** CITY OF MERCED  
 3033 G STREET  
 MERCED CA 95340

**CC:**

Job Number	Estimator	Claim No.	Insurance Company	Payment Terms	Purchase/Work Order
117802887	Paul Leal Kesterson	002.061873.00.S	Prism Assurance Ltd	Net 30 Days	

Invoice Date	Invoice #	Description	Amount	Payment	Balance
10/29/2024	2066464	Emergency Service Fire Mitigation	\$118,929.19		\$118,929.19
10/29/2024	222611	Agreed Upon Audit Adjustment	(\$812.83)		\$118,116.36
<b>Reminder:</b> Please include the invoice number on your check.			<b>TOTAL NOW DUE</b>		<b>\$118,116.36</b>

**TERMS: DUE UPON RECEIPT - PAYMENT IS LATE AFTER 10 DAYS**

Per our agreement, Administration Fees of 1.5% per month, plus interest at 10% per annum shall accrue as of the 31st day after the invoice date. In the event the customer defaults on the payment pursuant to the credit terms and the account is turned over for collection, the customer is also responsible to pay all collection costs and any legal fees incurred in the collection of all past due monies. ALSO, WE RESERVE THE RIGHT TO FILE A LIEN ON THE PROPERTY.

Payment is due upon receipt.  
 Any inquires regarding this invoice should be submitted to us  
 within 10 days from the date of this invoice.  
 Please note contractual interest applies, accrues and is payable  
 in addition to this balance due on this invoice.

Please include the invoice number on your check,  
 make all checks payable to BELFOR USA Group, Inc. and remit to:  
 4713 Greenleaf Court, Unit C  
 Modesto, CA 95356

THANK YOU FOR CHOOSING BELFOR!  
[www.BELFORUSA.com](http://www.BELFORUSA.com)



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EMAIL: Kim.Stillman@us.belfor.com  
TAX ID NO: 84-1309171  
CA LICENSE NO: GC# 810553

# INVOICE

INVOICE NO. 2066464  
INVOICE DATE 10/29/2024  
CUSTOMER NO. 1994940

**BILL TO:**

CITY OF MERCED  
678 WEST 18TH STREET  
MERCED CA 95340

**JOB SITE:**

CITY OF MERCED - 3033 G ST  
3033 G ST  
MERCED CA 95340

JOB NUMBER	ESTIMATOR	CLAIM NO.	INSURANCE CO.	PAYMENT TERMS	PURCHASE/WORK ORDER
117802887	Paul Leal Kesterson	002.061873.00.S	Prism Assurance Ltd	Net 30 Days	

DESCRIPTION	AMOUNT
DOL: 08.27.2024	
Emergency Service Mitigation:	
Due to Fire Loss	\$118,929.19
<b>Non-Taxable Amount</b>	\$118,929.19
<b>Taxable Amount</b>	\$0.00
<b>Sales Tax - 0%</b>	
<b>TOTAL DUE THIS INVOICE</b>	USD \$118,929.19

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CA LICENSE NO: GC# 810553

# CREDIT MEMO

INVOICE NO. 222611  
INVOICE DATE 10/29/2024  
CUSTOMER NO. 1994940

### BILL TO:

CITY OF MERCED - 3033 G ST  
678 WEST 18TH STREET  
MERCED CA 95340

### JOB SITE:

CITY OF MERCED - 3033 G ST  
3033 G ST  
MERCED CA 95340

JOB NUMBER	ESTIMATOR	CLAIM NO.	INSURANCE CO.	PAYMENT TERMS	PURCHASE/WORK ORDER
117802887	Paul Leal Kesterson	002.061873.00.S	Prism Assurance Ltd	Net 30 Days	002.061873.00.S

DESCRIPTION	AMOUNT
Agreed Upon Audit Adjustment	
Invoice No. 2066464	(\$812.83)
<b>Non-Taxable Amount</b>	(\$812.83)
<b>Taxable Amount</b>	\$0.00
<b>Sales Tax - 0%</b>	
	USD (\$812.83)

Food and beverage costs as described in Internal Revenue Code Section 274(e)(3) may be included on this invoice. Food and beverage costs incurred in connection with the completion of our agreed upon services are subject to the tax deduction limitations prescribed by Internal Revenue Code Section 274(n).

Any inquiries regarding this invoice should be submitted to us within 10 days of the receipt of this invoice.  
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