VERIVEST SAMPLE

| Account No. | Invoice No. | Invoice Date | Due Date |
|-------------|-------------|--------------|------------|
| YCP-42930 | 011302020 | 01-04-2023 | 02-03-2023 |

Bill to:

Test Fund One, LLC 1000 Millionaire Rd Los Angeles, CA 97210

| Fee Types | Count | Fee Amount | Amount |
|----------------|-------|------------|----------|
| Recording Fees | 2 | \$164.98 | \$329.96 |
| | | Total | \$329.96 |

Thank you for your business!

For payment options, see Terms of Billing and Payment

Mail to: SMA P.O. Box 0104995 Chicago, IL 22315-0321 USA