



# INVOICE

Customer	Your Name
Acct #	22292
Date	02/26/2025
Customer Service	LBW Ins & Fin Svcs
Page	1 of 1

LYour Name

Payment Information	
Invoice Summary	\$ 00.00
Payment Amount	
Payment for:	Invoice#000
#	

Thank You

Please detach and return with payment



Customer: LIA Associates LLC

Invoice	Effective	Transaction	Description	Amount
5084	03/07/2025	Renew policy		2,000.00 63.60 225.00

**Total**

\$ 2,288.60

Thank You

Payment due upon receipt.

<b>LBW Insurance &amp; Financial Services, Inc.</b> 28055 Smyth Drive Valencia, CA 91355	(661)702-6000  info@lbwinsurance.com	<b>Date</b>
		02/26/2025