

# statement

**KLS MARTIN L.P.**

**KLS martin.L.P.**

P.O. BOX 16369  
JACKSONVILLE, FL 32245-6369  
800-625-1557

STATEMENT DATE 03/01/12

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ACCOUNT NO. 10741

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SMILES INT FOUNDATION  
7668 EL CAMINO REAL  
104-502  
CARLSBAD CA 92009

PLEASE DETACH AND RETURN  
THIS PORTION WITH YOUR PAYMENT

DATE PAID \_\_\_\_\_ CHECK NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

INVOICE NO.	DATE	DESCRIPTION	AMOUNT	INVOICE NO.	AMOUNT	
866954	02/10/12	ORD:1024612	1187.00	866954	1,187.00	<input checked="" type="checkbox"/>
866955	02/10/12	ORD:1024614	2169.50	866955	2,169.50	
871056	02/24/12	ORD:1024612	97.50	871056	97.50	

1 - 30 Days 3,454.00  
31 - 60 Days .00  
61 - 90 Days .00  
Over 90 Days .00

CHECK IN THE "✓" COLUMN THOSE ITEMS BEING PAID	<b>TOTAL</b>
	3,454.00

WE ACCEPT VISA, MASTERCARD, & AMERICAN EXPRESS  
PLEASE MAKE CHECK PAYABLE TO: KLS MARTIN L.P.  
P. O. BOX 16427  
JACKSONVILLE, FL 32245-6427