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|  | INVOICE |
| [Company Name] | Date:[Click to Select Date]  |
| REMIT PAYMENT TO:  |  |

|  |  |  |  |
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| To | Melanie leachMDI Biological LaboratoryPO Box 35Salisbury Cove, ME 04672207-288-9880 mleach@mdibl.org |  |  |

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| DESCRIPTION | TOTAL |
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| total due | $500.00 |

**Make all checks payable to** [Company Name]