

**Los Angeles Neighborhood Land Trust**

1689 Beverly Boulevard

Los Angeles, CA 90026

310-909-3891

**INVOICE**

Date	Invoice #
12/16/2025	9

Park planning and design for Zela Davis Park

Bill to:

Kywanna Bowie  
Director of Community Services  
4455 W. 126th Street  
Hawthorne, CA 90250

Description			Total
Professional services for Zela Davis paid to SALT Landscape Architects, Invoice 22120-16			\$31,788.93
Professional services for Zela Davis paid to SALT Landscape Architects, Invoice 22120-17			\$3,727.50
Professional services for Zela Davis paid to SALT Landscape Architects, Invoice 22120-18			\$3,100.00
Professional services for Zela Davis paid to SALT Landscape Architects, Invoice 22120-19			\$2,581.25
Professional services for Zela Davis paid to SALT Landscape Architects, Invoice 22120-20			\$900.00
Employment Costs - Wages			\$96,100.20
Employment Costs - Payroll Taxes			\$7,564.56
Employment Costs - Benefits			\$9,915.45
<b>Total</b>			<b>\$155,677.89</b>



**Check Request**

Check Payable To: SALT Landscape Architects

Check Amount: \$31,788.93

Invoice Number: 22120-16

Invoice Date: 7/1/2025

Due By: 7/31/2025

Expense: 50100 - Design Consultant

Itemized Expense Detail: Bidding Support

Amount: \$1,597.50

Itemized Expense Detail: Subconsultants

Amount: \$22,199.43

Itemized Expense Detail: AS4: Construction Administration 01/06/25 to 04/11/25

Amount: \$3,892.00

Itemized Expense Detail: AS5: Construction Administration 04/21/25 to 05/09/25

Amount: \$4,100.00

**Total Due: \$31,788.93**

Requested by:  B Zhang, Project Manager

Date Requested: 7/17/2025

Approved By: (signature) \_\_\_\_\_  
Staff, Title \_\_\_\_\_

Date Approved: \_\_\_\_\_

Managing Authority: (signature) \_\_\_\_\_  
Staff, Title Tori Kjer, Executive Director

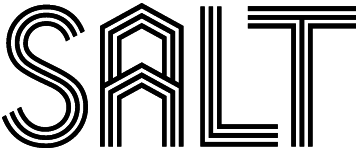
Date Approved: \_\_\_\_\_

**Distribution**

Funding Source 1:	Allocate: <u>100%</u>	Amount: <u>\$31,788.93</u>
Funding Source 2:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 3:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 4:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 5:	Allocate: _____	Amount: <u>\$0.00</u>
		<b>Total: \$31,788.93</b>

**Projections**

Vendor:	<u>SALT Landscape Architects</u>	
Base Contract:	<u>\$201,056.12</u>	Previous Contract Billings: <u>(\$186,238.56)</u>
Max Reimbursables:	_____	Previous Reimbursements: <u>\$0.00</u>
Approved Additional Services:	<u>\$36,922.75</u>	Current Bill: <u>(\$31,788.93)</u>
Total Max Contract:	<u>\$237,978.87</u>	Potential/Max Remaining: <u>\$24,051.38</u>



# INVOICE

SALT Landscape Architects, Inc.  
 448 S. Hill Street, Ste. 708, Los Angeles, CA 90013  
 (213) 234-0057  
 studio@salt-la.com

Invoice Number: 22120-16  
 Date: July 01, 2025  
 Project Number: 22120  
 Due Date: July 31, 2025

**Invoice Total \$31,788.93**

Los Angeles Neighborhood Land Trust  
 1689 Beverly Boulevard  
 Los Angeles, CA 90026  
 Zela Davis Park-PK

For Professional Services Rendered Through: June 30, 2024

### Fixed Fee Services

	Contract Amount	Percent Complete	Fee Earned	Prior Billings	Current Billings	Amount Remaining
<b>Concept Design:</b>						
SALT	\$6,725.00	100.00	\$6,725.00	\$6,725.00	\$0.00	\$0.00
Budlong	\$2,910.00	100.00	\$2,910.00	\$2,910.00	\$0.00	\$0.00
BJSCE Civil	\$2,015.00	100.00	\$2,015.00	\$2,015.00	\$0.00	\$0.00
Concept Design Total	\$11,650.00		\$11,650.00	\$11,650.00	\$0.00	\$0.00
<b>Schematic Design:</b>						
SALT	\$6,425.00	100.00	\$6,425.00	\$6,425.00	\$0.00	\$0.00
Budlong	\$5,640.00	100.00	\$5,640.00	\$5,640.00	\$0.00	\$0.00
BJSCE Civil	\$5,355.00	100.00	\$5,355.00	\$5,355.00	\$0.00	\$0.00
Schematic Design Total	\$17,420.00		\$17,420.00	\$17,420.00	\$0.00	\$0.00
<b>Design Development:</b>						
SALT	\$8,060.00	100.00	\$8,060.00	\$8,060.00	\$0.00	\$0.00
Budlong	\$6,150.00	100.00	\$6,150.00	\$6,150.00	\$0.00	\$0.00
BJSCE Civil	\$8,910.00	100.00	\$8,910.00	\$8,910.00	\$0.00	\$0.00
BJSCE Structural	\$1,795.00	100.00	\$1,795.00	\$1,795.00	\$0.00	\$0.00
Design Development Total	\$24,915.00		\$24,915.00	\$24,915.00	\$0.00	\$0.00
<b>100% Construction Documents:</b>						
SALT	\$12,845.00	100.00	\$12,845.00	\$12,845.00	\$0.00	\$0.00
Budlong	\$8,370.00	100.00	\$8,370.00	\$8,370.00	\$0.00	\$0.00
BJSCE Civil	\$11,640.00	100.00	\$11,640.00	\$11,640.00	\$0.00	\$0.00
BJSCE Structural	\$6,590.00	100.00	\$6,590.00	\$6,590.00	\$0.00	\$0.00
100% Construction Documents Total	\$39,445.00		\$39,445.00	\$39,445.00	\$0.00	\$0.00
<b>Permitting:</b>						
SALT	\$2,790.00	100.00	\$2,790.00	\$2,790.00	\$0.00	\$0.00
Budlong	\$2,655.00	100.00	\$2,655.00	\$2,655.00	\$0.00	\$0.00





**Check Request**

Check Payable To: SALT Landscape Architects

Check Amount: \$3,727.50

Invoice Number: 22120-17

Invoice Date: 8/1/2025

Due By: 8/31/2025

Expense: 50100 · Design Consultant

Itemized Expense Detail: AS6: Signage Design and CA

Amount: \$3,250.00

Itemized Expense Detail: Reimbursable: General Expense

Amount: \$477.50


Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

**Total Due: \$3,727.50**

Requested by:  Bz Zhang, Project Manager

Date Requested: 8/27/2025

Approved By: \_\_\_\_\_  
Staff, Title

Date Approved: \_\_\_\_\_

Managing Authority: \_\_\_\_\_  
Staff, Title Tori Kjer, Executive Director

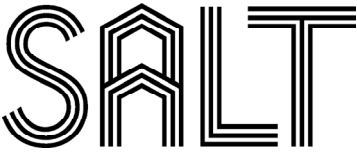
Date Approved: \_\_\_\_\_

**Distribution**

Funding Source 1:	Allocate: <u>100%</u>	Amount: <u>\$3,727.50</u>
Funding Source 2:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 3:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 4:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 5:	Allocate: _____	Amount: <u>\$0.00</u>
		<b>Total: \$3,727.50</b>

**Projections**

Vendor:	<u>SALT Landscape Architects</u>	
Base Contract:	<u>\$201,056.12</u>	Previous Contract Billings: <u>(\$218,027.49)</u>
Max Reimbursables:	_____	Previous Reimbursements: <u>\$0.00</u>
Approved Additional Services:	<u>\$36,922.75</u>	Current Bill: <u>(\$3,727.50)</u>
Total Max Contract:	<u>\$237,978.87</u>	Potential/Max Remaining: <u>\$16,223.88</u>



# INVOICE

SALT Landscape Architects, Inc.  
 448 S. Hill Street, Ste. 708, Los Angeles, CA 90013  
 (213) 234-0057  
 studio@salt-la.com

Invoice Number: 22120-17  
 Date: August 01, 2025  
 Project Number: 22120  
 Due Date: August 31, 2025

**Invoice Total \$3,727.50**

**Los Angeles Neighborhood Land Trust**  
 1689 Beverly Boulevard  
 Los Angeles, CA 90026

## Zela Davis Park-PK

For Professional Services Rendered Through: July 31, 2025

### Fixed Fee Services

	Contract Amount	Percent Complete	Fee Earned	Prior Billings	Current Billings	Amount Remaining
<b>Concept Design:</b>						
SALT	\$6,725.00	100.00	\$6,725.00	\$6,725.00	\$0.00	\$0.00
Budlong	\$2,910.00	100.00	\$2,910.00	\$2,910.00	\$0.00	\$0.00
BJSC Civil	\$2,015.00	100.00	\$2,015.00	\$2,015.00	\$0.00	\$0.00
<b>Concept Design Total</b>	<b>\$11,650.00</b>		<b>\$11,650.00</b>	<b>\$11,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Schematic Design:</b>						
SALT	\$6,425.00	100.00	\$6,425.00	\$6,425.00	\$0.00	\$0.00
Budlong	\$5,640.00	100.00	\$5,640.00	\$5,640.00	\$0.00	\$0.00
BJSC Civil	\$5,355.00	100.00	\$5,355.00	\$5,355.00	\$0.00	\$0.00
<b>Schematic Design Total</b>	<b>\$17,420.00</b>		<b>\$17,420.00</b>	<b>\$17,420.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Design Development:</b>						
SALT	\$8,060.00	100.00	\$8,060.00	\$8,060.00	\$0.00	\$0.00
Budlong	\$6,150.00	100.00	\$6,150.00	\$6,150.00	\$0.00	\$0.00
BJSC Civil	\$8,910.00	100.00	\$8,910.00	\$8,910.00	\$0.00	\$0.00
BJSC Structural	\$1,795.00	100.00	\$1,795.00	\$1,795.00	\$0.00	\$0.00
<b>Design Development Total</b>	<b>\$24,915.00</b>		<b>\$24,915.00</b>	<b>\$24,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>100% Construction Documents:</b>						
SALT	\$12,845.00	100.00	\$12,845.00	\$12,845.00	\$0.00	\$0.00
Budlong	\$8,370.00	100.00	\$8,370.00	\$8,370.00	\$0.00	\$0.00
BJSC Civil	\$11,640.00	100.00	\$11,640.00	\$11,640.00	\$0.00	\$0.00
BJSC Structural	\$6,590.00	100.00	\$6,590.00	\$6,590.00	\$0.00	\$0.00
<b>100% Construction Documents Total</b>	<b>\$39,445.00</b>		<b>\$39,445.00</b>	<b>\$39,445.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Permitting:</b>						
SALT	\$2,790.00	100.00	\$2,790.00	\$2,790.00	\$0.00	\$0.00
Budlong	\$2,655.00	100.00	\$2,655.00	\$2,655.00	\$0.00	\$0.00

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
BJSCCE Civil	\$5,810.00	100.00	\$5,810.00	\$5,810.00	\$0.00	\$0.00
BJSCCE Structural	\$470.00	100.00	\$470.00	\$470.00	\$0.00	\$0.00
<b>Permitting Total</b>	<b>\$11,725.00</b>		<b>\$11,725.00</b>	<b>\$11,725.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Bidding Support:**

SALT	\$2,130.00	100.00	\$2,130.00	\$2,130.00	\$0.00	\$0.00
Budlong	\$1,935.00	25.00	\$483.75	\$483.75	\$0.00	\$1,451.25
BJSCCE Civil	\$1,370.00	25.00	\$342.50	\$342.50	\$0.00	\$1,027.50
BJSCCE Structural	\$640.00	25.00	\$160.00	\$160.00	\$0.00	\$480.00
<b>Bidding Support Total</b>	<b>\$6,075.00</b>		<b>\$3,116.25</b>	<b>\$3,116.25</b>	<b>\$0.00</b>	<b>\$2,958.75</b>

**Construction Observation:**

SALT	\$9,390.00	100.00	\$9,390.00	\$9,390.00	\$0.00	\$0.00
Budlong	\$4,650.00	100.00	\$4,650.00	\$4,650.00	\$0.00	\$0.00
BJSCCE Civil	\$6,230.00	100.00	\$6,230.00	\$6,230.00	\$0.00	\$0.00
BJSCCE Structural	\$1,700.00	100.00	\$1,700.00	\$1,700.00	\$0.00	\$0.00
<b>Construction Observation Total</b>	<b>\$21,970.00</b>		<b>\$21,970.00</b>	<b>\$21,970.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Subconsultants:**

Subconsultant Management	\$7,271.01	100.00	\$7,271.01	\$7,271.01	\$0.00	\$0.00
Water and Sewer Utility Plans	\$5,000.00	30.00	\$1,500.00	\$1,500.00	\$0.00	\$3,500.00
Util Locate	\$6,185.11	100.00	\$6,185.11	\$6,185.11	\$0.00	\$0.00
Topographical Survey	\$4,000.00	100.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00
Geotech Report	\$23,600.00	100.00	\$23,600.00	\$23,600.00	\$0.00	\$0.00
As-Needed Geotech Consultant	\$2,000.00	0.00	\$0.00	\$0.00	\$0.00	\$2,000.00
Geotech Testing	\$19,800.00	100.00	\$19,800.00	\$19,800.00	\$0.00	\$0.00
<b>Subconsultants Total</b>	<b>\$67,856.12</b>		<b>\$62,356.12</b>	<b>\$62,356.12</b>	<b>\$0.00</b>	<b>\$5,500.00</b>

AS01: Flagpole and IT Mast	\$2,500.00	100.00	\$2,500.00	\$2,500.00	\$0.00	\$0.00
AS02: Bulletin 01 Updates_SALT	\$3,292.75	100.00	\$3,292.75	\$3,292.75	\$0.00	\$0.00
AS02: SUB: Civil_BJSCCE_Bulletin 01 Updates	\$3,055.00	100.00	\$3,055.00	\$3,055.00	\$0.00	\$0.00
AS02: SUB: Electrical_Budlong_Bulletin 01 Updates	\$2,800.00	100.00	\$2,800.00	\$2,800.00	\$0.00	\$0.00
AS3: Bulletin 2 Issuance	\$5,815.00	100.00	\$5,815.00	\$5,815.00	\$0.00	\$0.00
AS4: CA 010625 to 041125	\$19,460.00	100.00	\$19,460.00	\$19,460.00	\$0.00	\$0.00
AS5: CA 042125 to 050925	\$4,100.00	100.00	\$4,100.00	\$4,100.00	\$0.00	\$0.00
AS6: Signage Design and CA	\$6,500.00	50.00	\$3,250.00	\$0.00	\$3,250.00	\$3,250.00
	<b>\$248,578.87</b>		<b>\$236,870.12</b>	<b>\$233,620.12</b>	<b>\$3,250.00</b>	<b>\$11,708.75</b>

**Total Fixed Fee Services This Invoice \$3,250.00**

**Reimbursable Expenses**

	<b>Amount</b>
General Expense	\$477.50
250606-22120-LA3-D, Reimb of supplies	\$477.50

**\$477.50**

**Invoice Total      \$3,727.50**

**Outstanding Invoices**

<b>Invoice</b>	<b>Invoice Date</b>	<b>0 - 30</b>	<b>31 - 60</b>	<b>61-90</b>	<b>Over 90</b>	<b>Balance</b>
22120-16	7/1/2025		\$30,923.93			\$30,923.93
<b>Total Outstanding</b>			<b>\$30,923.93</b>			<b>\$30,923.93</b>



**Check Request**

Check Payable To: SALT Landscape Architects

Check Amount: \$3,100.00

Invoice Number: 22120-18

Invoice Date: 9/1/2025

Due By: 10/1/2025

Expense: 50100 · Design Consultant

Itemized Expense Detail: AS6: Signage Design and CA

Amount: \$2,600.00

Itemized Expense Detail: Subconsultants: Geotech

Amount: \$500.00

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

**Total Due: \$3,100.00**

Requested by:   
Bz Zhang, Project Manager

Date Requested: 9/21/2025

Approved By: \_\_\_\_\_  
(signature)  
Staff, Title

Date Approved: \_\_\_\_\_

Managing Authority: \_\_\_\_\_  
(signature)  
Staff, Title Tori Kjer, Executive Director

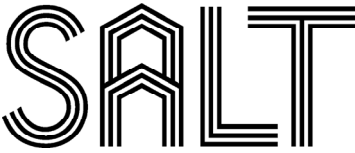
Date Approved: \_\_\_\_\_

**Distribution**

Funding Source 1:	Allocate: <u>100%</u>	Amount: <u>\$3,100.00</u>
Funding Source 2:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 3:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 4:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 5:	Allocate: _____	Amount: <u>\$0.00</u>
		<b>Total: \$3,100.00</b>

**Projections**

Vendor:	<u>SALT Landscape Architects</u>	
Base Contract:	<u>\$201,056.12</u>	Previous Contract Billings: <u>(\$221,754.99)</u>
Max Reimbursables:	_____	Previous Reimbursements: <u>\$0.00</u>
Approved Additional Services:	<u>\$36,922.75</u>	Current Bill: <u>(\$3,100.00)</u>
Total Max Contract:	<u>\$237,978.87</u>	Potential/Max Remaining: <u>\$13,123.88</u>



# INVOICE

SALT Landscape Architects, Inc.  
448 S. Hill Street, Ste. 708, Los Angeles, CA 90013  
(213) 234-0057  
studio@salt-la.com

Invoice Number: 22120-18  
Date: September 01, 2025  
Project Number: 22120  
Due Date: October 01, 2025

**Invoice Total \$3,100.00**

**Los Angeles Neighborhood Land Trust**  
1689 Beverly Boulevard  
Los Angeles, CA 90026

## Zela Davis Park-PK

For Professional Services Rendered Through: August 31, 2025

### Fixed Fee Services

	Contract Amount	Percent Complete	Fee Earned	Prior Billings	Current Billings	Amount Remaining
<b>Concept Design:</b>						
SALT	\$6,725.00	100.00	\$6,725.00	\$6,725.00	\$0.00	\$0.00
Budlong	\$2,910.00	100.00	\$2,910.00	\$2,910.00	\$0.00	\$0.00
BJSCE Civil	\$2,015.00	100.00	\$2,015.00	\$2,015.00	\$0.00	\$0.00
<b>Concept Design Total</b>	<b>\$11,650.00</b>		<b>\$11,650.00</b>	<b>\$11,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Schematic Design:</b>						
SALT	\$6,425.00	100.00	\$6,425.00	\$6,425.00	\$0.00	\$0.00
Budlong	\$5,640.00	100.00	\$5,640.00	\$5,640.00	\$0.00	\$0.00
BJSCE Civil	\$5,355.00	100.00	\$5,355.00	\$5,355.00	\$0.00	\$0.00
<b>Schematic Design Total</b>	<b>\$17,420.00</b>		<b>\$17,420.00</b>	<b>\$17,420.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Design Development:</b>						
SALT	\$8,060.00	100.00	\$8,060.00	\$8,060.00	\$0.00	\$0.00
Budlong	\$6,150.00	100.00	\$6,150.00	\$6,150.00	\$0.00	\$0.00
BJSCE Civil	\$8,910.00	100.00	\$8,910.00	\$8,910.00	\$0.00	\$0.00
BJSCE Structural	\$1,795.00	100.00	\$1,795.00	\$1,795.00	\$0.00	\$0.00
<b>Design Development Total</b>	<b>\$24,915.00</b>		<b>\$24,915.00</b>	<b>\$24,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>100% Construction Documents:</b>						
SALT	\$12,845.00	100.00	\$12,845.00	\$12,845.00	\$0.00	\$0.00
Budlong	\$8,370.00	100.00	\$8,370.00	\$8,370.00	\$0.00	\$0.00
BJSCE Civil	\$11,640.00	100.00	\$11,640.00	\$11,640.00	\$0.00	\$0.00
BJSCE Structural	\$6,590.00	100.00	\$6,590.00	\$6,590.00	\$0.00	\$0.00
<b>100% Construction Documents Total</b>	<b>\$39,445.00</b>		<b>\$39,445.00</b>	<b>\$39,445.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Permitting:</b>						
SALT	\$2,790.00	100.00	\$2,790.00	\$2,790.00	\$0.00	\$0.00
Budlong	\$2,655.00	100.00	\$2,655.00	\$2,655.00	\$0.00	\$0.00

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
BJSCE Civil	\$5,810.00	100.00	\$5,810.00	\$5,810.00	\$0.00	\$0.00
BJSCE Structural	\$470.00	100.00	\$470.00	\$470.00	\$0.00	\$0.00
<b>Permitting Total</b>	<b>\$11,725.00</b>		<b>\$11,725.00</b>	<b>\$11,725.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Bidding Support:**

SALT	\$2,130.00	100.00	\$2,130.00	\$2,130.00	\$0.00	\$0.00
Budlong	\$1,935.00	25.00	\$483.75	\$483.75	\$0.00	\$1,451.25
BJSCE Civil	\$1,370.00	25.00	\$342.50	\$342.50	\$0.00	\$1,027.50
BJSCE Structural	\$640.00	25.00	\$160.00	\$160.00	\$0.00	\$480.00
<b>Bidding Support Total</b>	<b>\$6,075.00</b>		<b>\$3,116.25</b>	<b>\$3,116.25</b>	<b>\$0.00</b>	<b>\$2,958.75</b>

**Construction Observation:**

SALT	\$9,390.00	100.00	\$9,390.00	\$9,390.00	\$0.00	\$0.00
Budlong	\$4,650.00	100.00	\$4,650.00	\$4,650.00	\$0.00	\$0.00
BJSCE Civil	\$6,230.00	100.00	\$6,230.00	\$6,230.00	\$0.00	\$0.00
BJSCE Structural	\$1,700.00	100.00	\$1,700.00	\$1,700.00	\$0.00	\$0.00
<b>Construction Observation Total</b>	<b>\$21,970.00</b>		<b>\$21,970.00</b>	<b>\$21,970.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Subconsultants:**

Subconsultant Management (SALT)	\$7,271.01	100.00	\$7,271.01	\$7,271.01	\$0.00	\$0.00
Water and Sewer Utility Plans (Brandow)	\$5,000.00	30.00	\$1,500.00	\$1,500.00	\$0.00	\$3,500.00
Utility Location (Util Locate)	\$6,185.11	100.00	\$6,185.11	\$6,185.11	\$0.00	\$0.00
Topographical Survey (Spiro)	\$4,000.00	100.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00
Geotech Report (Engeo)	\$23,600.00	100.00	\$23,600.00	\$23,600.00	\$0.00	\$0.00
As-Needed Geotech Consultant (Engeo)	\$2,000.00	25.00	\$500.00	\$0.00	\$500.00	\$1,500.00
Geotech Testing (Engeo)	\$19,800.00	100.00	\$19,800.00	\$19,800.00	\$0.00	\$0.00
<b>Subconsultants Total</b>	<b>\$67,856.12</b>		<b>\$62,856.12</b>	<b>\$62,356.12</b>	<b>\$500.00</b>	<b>\$5,000.00</b>
AS01: Flaggpole and IT Mast (Brandow)	\$2,500.00	100.00	\$2,500.00	\$2,500.00	\$0.00	\$0.00
AS02: Bulletin 01 Updates (SALT)	\$3,292.75	100.00	\$3,292.75	\$3,292.75	\$0.00	\$0.00
AS02: SUB: Civil_Bulletin 01 Updates (Brandow)	\$3,055.00	100.00	\$3,055.00	\$3,055.00	\$0.00	\$0.00
AS02: SUB: Electrical_Bulletin 01 Updates (Brandow)	\$2,800.00	100.00	\$2,800.00	\$2,800.00	\$0.00	\$0.00
AS3: Bulletin 2 Issuance	\$5,815.00	100.00	\$5,815.00	\$5,815.00	\$0.00	\$0.00
AS4: CA 010625 to 041125 (SALT)	\$19,460.00	100.00	\$19,460.00	\$19,460.00	\$0.00	\$0.00
AS5: CA 042125 to 050925 (SALT)	\$4,100.00	100.00	\$4,100.00	\$4,100.00	\$0.00	\$0.00
AS6: Signage Design and CA (SALT)	\$6,500.00	90.00	\$5,850.00	\$3,250.00	\$2,600.00	\$650.00
	<b>\$248,578.87</b>		<b>\$239,970.12</b>	<b>\$236,870.12</b>	<b>\$3,100.00</b>	<b>\$8,608.75</b>

**Total Fixed Fee Services This Invoice**

**\$3,100.00**

**Invoice Total**      **\$3,100.00**

**Outstanding Invoices**

Invoice		0 - 30	31 - 60	61-90	Over 90	Balance
22120-16	7/1/2025		-\$865.00			-\$865.00
Invoice # 22120-16			\$31,788.93			\$31,788.93
Receipt # 4901			-\$865.00			-\$865.00
Receipt # 4927			-\$31,788.93			-\$31,788.93
22120-17	8/1/2025	\$3,727.50				\$3,727.50
Invoice # 22120-17		\$3,727.50				\$3,727.50
<b>Total Prior Billing</b>		<b>\$3,727.50</b>	<b>-\$865.00</b>			<b>\$2,862.50</b>



**Check Request**

Check Payable To: SALT Landscape Architects

Check Amount: \$2,581.25  
 Invoice Number: 22120-19  
 Invoice Date: 10/1/2025  
 Due By: 10/31/2025

Expense: 50100 - Design Consultant

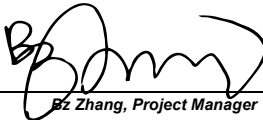
Itemized Expense Detail: AS6: Signage Design and CA Amount: \$650.00

Itemized Expense Detail: Subconsultants: Budlong Amount: 1931.25

Itemized Expense Detail: \_\_\_\_\_ Amount: \_\_\_\_\_

Itemized Expense Detail: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Due: \$2,581.25**

Requested by:  Bz Zhang, Project Manager

Date Requested: 10/6/2025

Approved By: (signature) \_\_\_\_\_  
 Staff, Title \_\_\_\_\_

Date Approved: \_\_\_\_\_

Managing Authority: (signature) \_\_\_\_\_  
 Staff, Title Tori Kjer, Executive Director

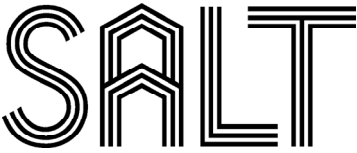
Date Approved: \_\_\_\_\_

**Distribution**

Funding Source 1:	Allocate: <u>100%</u>	Amount: <u>\$2,581.25</u>
Funding Source 2:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 3:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 4:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 5:	Allocate: _____	Amount: <u>\$0.00</u>
<b>Total:</b>		<b>\$2,581.25</b>

**Projections**

Vendor: <u>SALT Landscape Architects</u>		
Base Contract:	<u>\$201,056.12</u>	Previous Contract Billings: <u>(\$224,854.99)</u>
Max Reimbursables:	_____	Previous Reimbursements: <u>\$0.00</u>
Approved Additional Services:	<u>\$36,922.75</u>	Current Bill: <u>(\$2,581.25)</u>
Total Max Contract:	<u>\$237,978.87</u>	Potential/Max Remaining: <u>\$10,542.63</u>



# INVOICE

SALT Landscape Architects, Inc.  
 448 S. Hill Street, Ste. 708, Los Angeles, CA 90013  
 (213) 234-0057  
 studio@salt-la.com

Invoice Number: 22120-19  
 Date: October 01, 2025  
 Project Number: 22120  
 Due Date: October 31, 2025

**Invoice Total \$2,581.25**

**Los Angeles Neighborhood Land Trust**  
 1689 Beverly Boulevard  
 Los Angeles, CA 90026

**Zela Davis Park-PK**

**For Professional Services Rendered Through: September 30, 2025**

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
<b>Concept Design:</b>						
SALT	\$6,725.00	100.00	\$6,725.00	\$6,725.00	\$0.00	\$0.00
Budlong	\$2,910.00	100.00	\$2,910.00	\$2,910.00	\$0.00	\$0.00
BJSC Civil	\$2,015.00	100.00	\$2,015.00	\$2,015.00	\$0.00	\$0.00
<b>Concept Design Total</b>	<b>\$11,650.00</b>		<b>\$11,650.00</b>	<b>\$11,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Schematic Design:</b>						
SALT	\$6,425.00	100.00	\$6,425.00	\$6,425.00	\$0.00	\$0.00
Budlong	\$5,640.00	100.00	\$5,640.00	\$5,640.00	\$0.00	\$0.00
BJSC Civil	\$5,355.00	100.00	\$5,355.00	\$5,355.00	\$0.00	\$0.00
<b>Schematic Design Total</b>	<b>\$17,420.00</b>		<b>\$17,420.00</b>	<b>\$17,420.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Design Development:</b>						
SALT	\$8,060.00	100.00	\$8,060.00	\$8,060.00	\$0.00	\$0.00
Budlong	\$6,150.00	100.00	\$6,150.00	\$6,150.00	\$0.00	\$0.00
BJSC Civil	\$8,910.00	100.00	\$8,910.00	\$8,910.00	\$0.00	\$0.00
BJSC Structural	\$1,795.00	100.00	\$1,795.00	\$1,795.00	\$0.00	\$0.00
<b>Design Development Total</b>	<b>\$24,915.00</b>		<b>\$24,915.00</b>	<b>\$24,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>100% Construction Documents:</b>						
SALT	\$12,845.00	100.00	\$12,845.00	\$12,845.00	\$0.00	\$0.00
Budlong	\$8,370.00	100.00	\$8,370.00	\$8,370.00	\$0.00	\$0.00
BJSC Civil	\$11,640.00	100.00	\$11,640.00	\$11,640.00	\$0.00	\$0.00
BJSC Structural	\$6,590.00	100.00	\$6,590.00	\$6,590.00	\$0.00	\$0.00
<b>100% Construction Documents Total</b>	<b>\$39,445.00</b>		<b>\$39,445.00</b>	<b>\$39,445.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Permitting:</b>						
SALT	\$2,790.00	100.00	\$2,790.00	\$2,790.00	\$0.00	\$0.00
Budlong	\$2,655.00	100.00	\$2,655.00	\$2,655.00	\$0.00	\$0.00

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
BJSCCE Civil	\$5,810.00	100.00	\$5,810.00	\$5,810.00	\$0.00	\$0.00
BJSCCE Structural	\$470.00	100.00	\$470.00	\$470.00	\$0.00	\$0.00
<b>Permitting Total</b>	<b>\$11,725.00</b>		<b>\$11,725.00</b>	<b>\$11,725.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Bidding Support:**

SALT	\$2,130.00	100.00	\$2,130.00	\$2,130.00	\$0.00	\$0.00
Budlong	\$1,935.00	100.00	\$1,935.00	\$483.75	\$1,451.25	\$0.00
BJSCCE Civil	\$1,370.00	25.00	\$342.50	\$342.50	\$0.00	\$1,027.50
BJSCCE Structural	\$640.00	100.00	\$640.00	\$160.00	\$480.00	\$0.00
<b>Bidding Support Total</b>	<b>\$6,075.00</b>		<b>\$5,047.50</b>	<b>\$3,116.25</b>	<b>\$1,931.25</b>	<b>\$1,027.50</b>

**Construction Observation:**

SALT	\$9,390.00	100.00	\$9,390.00	\$9,390.00	\$0.00	\$0.00
Budlong	\$4,650.00	100.00	\$4,650.00	\$4,650.00	\$0.00	\$0.00
BJSCCE Civil	\$6,230.00	100.00	\$6,230.00	\$6,230.00	\$0.00	\$0.00
BJSCCE Structural	\$1,700.00	100.00	\$1,700.00	\$1,700.00	\$0.00	\$0.00
<b>Construction Observation Total</b>	<b>\$21,970.00</b>		<b>\$21,970.00</b>	<b>\$21,970.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Subconsultants:**

Subconsultant Management (SALT)	\$7,271.01	100.00	\$7,271.01	\$7,271.01	\$0.00	\$0.00
Water and Sewer Utility Plans (Brandow)	\$5,000.00	30.00	\$1,500.00	\$1,500.00	\$0.00	\$3,500.00
Utility Location (Util Locate)	\$6,185.11	100.00	\$6,185.11	\$6,185.11	\$0.00	\$0.00
Topographical Survey (Spiro)	\$4,000.00	100.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00
Geotech Report (Engeo)	\$23,600.00	100.00	\$23,600.00	\$23,600.00	\$0.00	\$0.00
As-Needed Geotech Consultant (Engeo)	\$2,000.00	25.00	\$500.00	\$500.00	\$0.00	\$1,500.00
Geotech Testing (Engeo)	\$19,800.00	100.00	\$19,800.00	\$19,800.00	\$0.00	\$0.00
<b>Subconsultants Total</b>	<b>\$67,856.12</b>		<b>\$62,856.12</b>	<b>\$62,856.12</b>	<b>\$0.00</b>	<b>\$5,000.00</b>
AS01: Flaggpole and IT Mast (Brandow)	\$2,500.00	100.00	\$2,500.00	\$2,500.00	\$0.00	\$0.00
AS02: Bulletin 01 Updates (SALT)	\$3,292.75	100.00	\$3,292.75	\$3,292.75	\$0.00	\$0.00
AS02: SUB: Civil_Bulletin 01 Updates (Brandow)	\$3,055.00	100.00	\$3,055.00	\$3,055.00	\$0.00	\$0.00
AS02: SUB: Electrical_Bulletin 01 Updates (Brandow)	\$2,800.00	100.00	\$2,800.00	\$2,800.00	\$0.00	\$0.00
AS3: Bulletin 2 Issuance	\$5,815.00	100.00	\$5,815.00	\$5,815.00	\$0.00	\$0.00
AS4: CA 010625 to 041125 (SALT)	\$19,460.00	100.00	\$19,460.00	\$19,460.00	\$0.00	\$0.00
AS5: CA 042125 to 050925 (SALT)	\$4,100.00	100.00	\$4,100.00	\$4,100.00	\$0.00	\$0.00
AS6: Signage Design and CA (SALT)	\$6,500.00	100.00	\$6,500.00	\$5,850.00	\$650.00	\$0.00
	<b>\$248,578.87</b>		<b>\$242,551.37</b>	<b>\$239,970.12</b>	<b>\$2,581.25</b>	<b>\$6,027.50</b>

**Total Fixed Fee Services This Invoice**

**\$2,581.25**

**Invoice Total**

**\$2,581.25**

**Outstanding Invoices**

<b>Invoice</b>		<b>0 - 30</b>	<b>31 - 60</b>	<b>61-90</b>	<b>Over 90</b>	<b>Balance</b>
22120-16	7/1/2025			-\$865.00		-\$865.00
Invoice # 22120-16				\$31,788.93		\$31,788.93
Receipt # 4901				-\$865.00		-\$865.00
Receipt # 4927				-\$31,788.93		-\$31,788.93
22120-18	9/1/2025	\$3,100.00				\$3,100.00
Invoice # 22120-18		\$3,100.00				\$3,100.00
<b>Total Prior Billing</b>		<b>\$3,100.00</b>		<b>-\$865.00</b>		<b>\$2,235.00</b>



**Check Request**

Check Payable To: SALT Landscape Architects

Check Amount: \$900.00

Invoice Number: 22120-20

Invoice Date: 12/1/2025

Due By: 12/31/2025

Expense: 50100 - Design Consultant

Itemized Expense Detail: AS7: Signage Design Package Update

Amount: \$900.00

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

Itemized Expense Detail: \_\_\_\_\_

Amount: \_\_\_\_\_

**Total Due: \$900.00**

Requested by: Staff, Title Bz Zhang, Project Manager

Date Requested: 12/4/2025

Approved By: (signature) \_\_\_\_\_  
Staff, Title \_\_\_\_\_

Date Approved: \_\_\_\_\_

Managing Authority: (signature) \_\_\_\_\_  
Staff, Title Tori Kjer, Executive Director

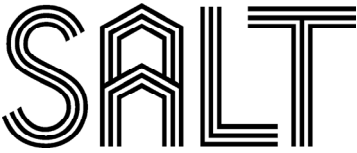
Date Approved: \_\_\_\_\_

**Distribution**

Funding Source 1:	Allocate: <u>100%</u>	Amount: <u>\$900.00</u>
Funding Source 2:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 3:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 4:	Allocate: _____	Amount: <u>\$0.00</u>
Funding Source 5:	Allocate: _____	Amount: <u>\$0.00</u>
		<b>Total: \$900.00</b>

**Projections**

Vendor:	<u>SALT Landscape Architects</u>	
Base Contract:	<u>\$201,056.12</u>	Previous Contract Billings: <u>(\$227,436.24)</u>
Max Reimbursables:	_____	Previous Reimbursements: <u>\$0.00</u>
Approved Additional Services:	<u>\$36,922.75</u>	Current Bill: <u>(\$900.00)</u>
Total Max Contract:	<u>\$237,978.87</u>	Potential/Max Remaining: <u>\$9,642.63</u>



# INVOICE

SALT Landscape Architects, Inc.  
 448 S. Hill Street, Ste. 708, Los Angeles, CA 90013  
 (213) 234-0057  
 studio@salt-la.com

Invoice Number: 22120-20  
 Date: December 01, 2025  
 Project Number: 22120  
 Due Date: December 31, 2025

**Invoice Total \$900.00**

**Los Angeles Neighborhood Land Trust**  
 1689 Beverly Boulevard  
 Los Angeles, CA 90026

**Zela Davis Park-PK**

**For Professional Services Rendered Through: November 30, 2025**

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
<b>Concept Design:</b>						
SALT	\$6,725.00	100.00	\$6,725.00	\$6,725.00	\$0.00	\$0.00
Budlong	\$2,910.00	100.00	\$2,910.00	\$2,910.00	\$0.00	\$0.00
BJSC Civil	\$2,015.00	100.00	\$2,015.00	\$2,015.00	\$0.00	\$0.00
<b>Concept Design Total</b>	<b>\$11,650.00</b>		<b>\$11,650.00</b>	<b>\$11,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Schematic Design:</b>						
SALT	\$6,425.00	100.00	\$6,425.00	\$6,425.00	\$0.00	\$0.00
Budlong	\$5,640.00	100.00	\$5,640.00	\$5,640.00	\$0.00	\$0.00
BJSC Civil	\$5,355.00	100.00	\$5,355.00	\$5,355.00	\$0.00	\$0.00
<b>Schematic Design Total</b>	<b>\$17,420.00</b>		<b>\$17,420.00</b>	<b>\$17,420.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Design Development:</b>						
SALT	\$8,060.00	100.00	\$8,060.00	\$8,060.00	\$0.00	\$0.00
Budlong	\$6,150.00	100.00	\$6,150.00	\$6,150.00	\$0.00	\$0.00
BJSC Civil	\$8,910.00	100.00	\$8,910.00	\$8,910.00	\$0.00	\$0.00
BJSC Structural	\$1,795.00	100.00	\$1,795.00	\$1,795.00	\$0.00	\$0.00
<b>Design Development Total</b>	<b>\$24,915.00</b>		<b>\$24,915.00</b>	<b>\$24,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>100% Construction Documents:</b>						
SALT	\$12,845.00	100.00	\$12,845.00	\$12,845.00	\$0.00	\$0.00
Budlong	\$8,370.00	100.00	\$8,370.00	\$8,370.00	\$0.00	\$0.00
BJSC Civil	\$11,640.00	100.00	\$11,640.00	\$11,640.00	\$0.00	\$0.00
BJSC Structural	\$6,590.00	100.00	\$6,590.00	\$6,590.00	\$0.00	\$0.00
<b>100% Construction Documents Total</b>	<b>\$39,445.00</b>		<b>\$39,445.00</b>	<b>\$39,445.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Permitting:</b>						
SALT	\$2,790.00	100.00	\$2,790.00	\$2,790.00	\$0.00	\$0.00
Budlong	\$2,655.00	100.00	\$2,655.00	\$2,655.00	\$0.00	\$0.00

**Fixed Fee Services**

	<b>Contract Amount</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billings</b>	<b>Current Billings</b>	<b>Amount Remaining</b>
BJSCE Civil	\$5,810.00	100.00	\$5,810.00	\$5,810.00	\$0.00	\$0.00
BJSCE Structural	\$470.00	100.00	\$470.00	\$470.00	\$0.00	\$0.00
<b>Permitting Total</b>	<b>\$11,725.00</b>		<b>\$11,725.00</b>	<b>\$11,725.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Bidding Support:**

SALT	\$2,130.00	100.00	\$2,130.00	\$2,130.00	\$0.00	\$0.00
Budlong	\$1,935.00	100.00	\$1,935.00	\$1,935.00	\$0.00	\$0.00
BJSCE Civil	\$1,370.00	25.00	\$342.50	\$342.50	\$0.00	\$1,027.50
BJSCE Structural	\$640.00	100.00	\$640.00	\$640.00	\$0.00	\$0.00
<b>Bidding Support Total</b>	<b>\$6,075.00</b>		<b>\$5,047.50</b>	<b>\$5,047.50</b>	<b>\$0.00</b>	<b>\$1,027.50</b>

**Construction Observation:**

SALT	\$9,390.00	100.00	\$9,390.00	\$9,390.00	\$0.00	\$0.00
Budlong	\$4,650.00	100.00	\$4,650.00	\$4,650.00	\$0.00	\$0.00
BJSCE Civil	\$6,230.00	100.00	\$6,230.00	\$6,230.00	\$0.00	\$0.00
BJSCE Structural	\$1,700.00	100.00	\$1,700.00	\$1,700.00	\$0.00	\$0.00
<b>Construction Observation Total</b>	<b>\$21,970.00</b>		<b>\$21,970.00</b>	<b>\$21,970.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Subconsultants:**

Subconsultant Management (SALT)	\$7,271.01	100.00	\$7,271.01	\$7,271.01	\$0.00	\$0.00
Water and Sewer Utility Plans (Brandow)	\$5,000.00	30.00	\$1,500.00	\$1,500.00	\$0.00	\$3,500.00
Utility Location (Util Locate)	\$6,185.11	100.00	\$6,185.11	\$6,185.11	\$0.00	\$0.00
Topographical Survey (Spiro)	\$4,000.00	100.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00
Geotech Report (Engeo)	\$23,600.00	100.00	\$23,600.00	\$23,600.00	\$0.00	\$0.00
As-Needed Geotech Consultant (Engeo)	\$2,000.00	25.00	\$500.00	\$500.00	\$0.00	\$1,500.00
Geotech Testing (Engeo)	\$19,800.00	100.00	\$19,800.00	\$19,800.00	\$0.00	\$0.00
<b>Subconsultants Total</b>	<b>\$67,856.12</b>		<b>\$62,856.12</b>	<b>\$62,856.12</b>	<b>\$0.00</b>	<b>\$5,000.00</b>
AS01: Flaggpole and IT Mast (Brandow)	\$2,500.00	100.00	\$2,500.00	\$2,500.00	\$0.00	\$0.00
AS02: Bulletin 01 Updates (SALT)	\$3,292.75	100.00	\$3,292.75	\$3,292.75	\$0.00	\$0.00
AS02: SUB: Civil_Bulletin 01 Updates (Brandow)	\$3,055.00	100.00	\$3,055.00	\$3,055.00	\$0.00	\$0.00
AS02: SUB: Electrical_Bulletin 01 Updates (Brandow)	\$2,800.00	100.00	\$2,800.00	\$2,800.00	\$0.00	\$0.00
AS3: Bulletin 2 Issuance	\$5,815.00	100.00	\$5,815.00	\$5,815.00	\$0.00	\$0.00
AS4: CA 010625 to 041125 (SALT)	\$19,460.00	100.00	\$19,460.00	\$19,460.00	\$0.00	\$0.00
AS5: CA 042125 to 050925 (SALT)	\$4,100.00	100.00	\$4,100.00	\$4,100.00	\$0.00	\$0.00
AS6: Signage Design and CA (SALT)	\$6,500.00	100.00	\$6,500.00	\$6,500.00	\$0.00	\$0.00
AS7: Signage Design Package Update (20 hrs NTE)	\$3,000.00	30.00	\$900.00	\$0.00	\$900.00	\$2,100.00
	<b>\$251,578.87</b>		<b>\$243,451.37</b>	<b>\$242,551.37</b>	<b>\$900.00</b>	<b>\$8,127.50</b>
			<b>Total Fixed Fee Services This Invoice</b>			<b>\$900.00</b>

<b>Invoice Total</b>	<b>\$900.00</b>
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**Outstanding Invoices**

<b>Invoice</b>	<b>0 - 30</b>	<b>31 - 60</b>	<b>61-90</b>	<b>Over 90</b>	<b>Balance</b>
<b>Total Prior Billing</b>					

Name	Title	Date	ZELA DAVIS	TOTAL	TOTAL			ZELA DAVIS		
					SALARIES	PAYROLL TAXES	BENEFITS	SALARIES	PAYROLL TAXES	BENEFITS
Kjer, Tori L	Executive Director	7/15/24		141.00	5,375.00	411.19	590.72	-	-	-
Kjer, Tori L	Executive Director	7/31/24	4.00	96.00	5,375.00	411.19	590.72	223.96	17.13	24.61
Kjer, Tori L	Executive Director	8/15/24	6.00	88.00	5,375.00	411.19	590.72	366.48	28.04	40.28
Kjer, Tori L	Executive Director	8/31/24		88.00	5,375.00	411.19	590.72	-	-	-
Kjer, Tori L	Executive Director	9/15/24		80.00	5,375.00	411.19	590.72	-	-	-
Kjer, Tori L	Executive Director	9/30/24	46.00	88.00	5,375.00	411.19	590.72	2,809.66	214.94	308.79
Kjer, Tori L	Executive Director	10/15/24	50.00	96.00	5,375.00	411.19	590.72	2,799.48	214.16	307.67
Kjer, Tori L	Executive Director	10/31/24	46.00	88.00	5,375.00	411.19	590.72	2,809.66	214.94	308.79
Kjer, Tori L	Executive Director	11/15/24	48.00	88.00	5,375.00	411.19	590.72	2,931.82	224.29	322.21
Kjer, Tori L	Executive Director	11/30/24	30.00	88.00	5,375.00	411.19	590.72	1,832.39	140.18	201.38
Kjer, Tori L	Executive Director	12/15/24	26.00	80.00	5,375.00	411.19	650.89	1,746.88	133.64	211.54
Kjer, Tori L	Executive Director	12/31/24	16.00	80.00	5,375.00	744.44	650.89	1,075.00	148.89	130.18
Kjer, Tori L	Executive Director	1/15/25		119.00	5,375.00	511.94	651.56	-	-	-
Kjer, Tori L	Executive Director	1/31/25		90.00	5,375.00	411.19	651.56	-	-	-
Kjer, Tori L	Executive Director	2/15/25		82.00	5,375.00	411.19	651.56	-	-	-
Kjer, Tori L	Executive Director	2/28/25	7.00	80.00	5,375.00	411.19	651.56	470.31	35.98	57.01
Kjer, Tori L	Executive Director	3/15/25	12.00	80.00	5,375.00	411.19	651.56	806.25	61.68	97.73
Kjer, Tori L	Executive Director	3/31/25	7.00	80.00	5,375.00	411.19	651.56	470.31	35.98	57.01
Kjer, Tori L	Executive Director	4/15/25	12.00	88.00	5,375.00	411.19	651.56	732.95	56.07	88.85
Kjer, Tori L	Executive Director	4/30/25		88.00	5,375.00	411.19	651.56	-	-	-
Kjer, Tori L	Executive Director	5/15/25	28.00	88.00	5,375.00	411.19	651.56	1,710.23	130.83	207.31
Kjer, Tori L	Executive Director	5/31/25	31.00	88.00	5,375.00	411.19	651.56	1,893.47	144.85	229.53
Kjer, Tori L	Executive Director	6/15/25	25.00	88.00	5,375.00	411.19	651.56	1,526.99	116.82	185.10
Kjer, Tori L	Executive Director	6/30/25	23.00	88.00	5,375.00	411.19	651.56	1,404.83	107.47	170.29
			<b>417.00</b>	<b>2,160.00</b>	<b>129,000.00</b>	<b>10,302.56</b>	<b>15,027.69</b>	<b>25,610.65</b>	<b>2,025.88</b>	<b>2,948.28</b>
Zhang, Brenda D	Project Manager	7/15/24		67.00	4,020.84	307.59	361.80	-	-	-
Zhang, Brenda D	Project Manager	7/31/24	20.00	88.00	4,020.84	307.59	361.80	913.83	69.91	82.23
Zhang, Brenda D	Project Manager	8/15/24	25.00	88.00	4,020.84	307.59	361.80	1,142.28	87.38	102.78
Zhang, Brenda D	Project Manager	8/31/24	20.00	89.00	4,020.84	307.59	361.80	903.56	69.12	81.30
Zhang, Brenda D	Project Manager	9/15/24	20.00	80.00	4,020.84	307.59	361.80	1,005.21	76.90	90.45
Zhang, Brenda D	Project Manager	9/30/24	15.00	88.00	4,020.84	307.59	361.80	685.37	52.43	61.67
Zhang, Brenda D	Project Manager	10/15/24	10.00	88.00	4,020.84	307.59	361.80	456.91	34.95	41.11
Zhang, Brenda D	Project Manager	10/31/24	17.00	104.00	4,020.84	307.59	361.80	657.25	50.28	59.14
Zhang, Brenda D	Project Manager	11/15/24	14.00	88.00	4,020.84	307.59	361.80	639.68	48.93	57.56
Zhang, Brenda D	Project Manager	11/30/24	17.00	80.00	4,020.84	307.59	361.80	854.43	65.36	76.88
Zhang, Brenda D	Project Manager	12/15/24	11.00	80.00	4,020.84	307.59	386.99	552.87	42.29	53.21
Zhang, Brenda D	Project Manager	12/31/24	24.00	96.00	4,020.84	556.88	386.99	1,005.21	139.22	96.75
Zhang, Brenda D	Project Manager	1/15/25	40.00	88.00	4,020.84	492.30	390.82	1,827.65	223.77	177.65
Zhang, Brenda D	Project Manager	1/31/25	44.00	96.00	4,020.84	307.59	390.82	1,842.89	140.98	179.13
Zhang, Brenda D	Project Manager	2/15/25	40.00	80.00	4,020.84	307.59	390.82	2,010.42	153.80	195.41
Zhang, Brenda D	Project Manager	2/28/25	25.00	80.00	4,020.84	307.59	390.82	1,256.51	96.12	122.13
Zhang, Brenda D	Project Manager	3/15/25	33.00	80.00	4,020.84	307.59	390.82	1,658.60	126.88	161.21
Zhang, Brenda D	Project Manager	3/31/25	36.00	88.00	4,020.84	307.59	390.82	1,644.89	125.83	159.88
Zhang, Brenda D	Project Manager	4/15/25	44.00	88.00	4,020.84	307.59	390.82	2,010.42	153.80	195.41
Zhang, Brenda D	Project Manager	4/30/25	48.00	88.00	4,020.84	307.59	390.82	2,193.19	167.78	213.17
Zhang, Brenda D	Project Manager	5/15/25	88.00	88.00	4,020.84	307.59	390.82	4,020.84	307.59	390.82

Name	Title	Date	TOTAL			ZELA DAVIS				
			ZELA DAVIS	TOTAL	SALARIES	PAYROLL TAXES	BENEFITS	SALARIES	PAYROLL TAXES	BENEFITS
Zhang, Brenda D	Project Manager	5/31/25	88.00	88.00	4,020.84	307.59	390.82	4,020.84	307.59	390.82
Zhang, Brenda D	Project Manager	6/15/25	80.00	80.00	4,020.84	307.59	390.82	4,020.84	307.59	390.82
Zhang, Brenda D	Project Manager	6/30/25	80.00	88.00	4,020.84	307.59	390.82	3,655.31	279.63	355.29
			<b>839.00</b>	<b>2,068.00</b>	<b>96,500.16</b>	<b>7,816.16</b>	<b>9,081.81</b>	<b>38,978.99</b>	<b>3,128.13</b>	<b>3,734.83</b>
		<b>FY2024-2025</b>	<b>1,256.00</b>	<b>4,228.00</b>	<b>225,500.16</b>	<b>18,118.72</b>	<b>24,109.50</b>	<b>64,589.65</b>	<b>5,154.01</b>	<b>6,683.11</b>
Kjer, Tori L	Executive Director	7/15/25	23.00	88.00	5,625.00	430.31	651.56	1,470.17	112.47	170.29
Kjer, Tori L	Executive Director	7/31/25		88.00	5,625.00	430.31	651.56	-	-	-
Kjer, Tori L	Executive Director	8/15/25	24.00	80.00	5,625.00	430.31	651.56	1,687.50	129.09	195.47
Kjer, Tori L	Executive Director	8/31/25	24.00	80.00	5,625.00	430.31	651.56	1,687.50	129.09	195.47
Kjer, Tori L	Executive Director	9/15/25	17.00	80.00	5,625.00	430.31	651.56	1,195.31	91.44	138.46
Kjer, Tori L	Executive Director	9/30/25	23.00	88.00	5,625.00	430.31	651.56	1,470.17	112.47	170.29
Kjer, Tori L	Executive Director	10/15/25	23.00	96.00	5,625.00	430.31	651.56	1,347.66	103.10	156.10
Kjer, Tori L	Executive Director	10/31/25	15.00	88.00	5,625.00	430.31	651.56	958.81	73.35	111.06
Kjer, Tori L	Executive Director	11/15/25	19.00	80.00	5,625.00	430.31	651.56	1,335.94	102.20	154.75
Kjer, Tori L	Executive Director	11/30/25	20.00	80.00	5,625.00	430.31	651.56	1,406.25	107.58	162.89
			<b>188.00</b>	<b>848.00</b>	<b>56,250.00</b>	<b>4,303.10</b>	<b>6,515.60</b>	<b>12,559.30</b>	<b>960.78</b>	<b>1,454.78</b>
Zhang, Brenda D	Project Manager	7/15/25	80.00	88.00	4,166.67	318.75	390.82	3,787.88	289.77	355.29
Zhang, Brenda D	Project Manager	7/31/25	96.00	96.00	4,166.67	318.75	390.82	4,166.67	318.75	390.82
Zhang, Brenda D	Project Manager	8/15/25	68.00	88.00	4,166.67	318.75	390.82	3,219.70	246.31	302.00
Zhang, Brenda D	Project Manager	8/31/25	60.00	80.00	4,166.67	318.75	390.82	3,125.00	239.06	293.12
Zhang, Brenda D	Project Manager	9/15/25	60.00	80.00	4,166.67	318.75	390.82	3,125.00	239.06	293.12
Zhang, Brenda D	Project Manager	9/30/25	32.00	96.00	4,166.67	318.75	390.82	1,388.89	106.25	130.27
Zhang, Brenda D	Project Manager	10/15/25	2.00	88.00	4,166.67	318.75	390.82	94.70	7.24	8.88
Zhang, Brenda D	Project Manager	10/31/25	1.00	96.00	4,166.67	318.75	390.82	43.40	3.32	4.07
Zhang, Brenda D	Project Manager	11/15/25	-	80.00	4,166.67	318.75	390.82	-	-	-
Zhang, Brenda D	Project Manager	11/30/25	-	80.00	4,166.67	318.75	390.82	-	-	-
			<b>399.00</b>	<b>872.00</b>	<b>41,666.70</b>	<b>3,187.50</b>	<b>3,908.20</b>	<b>18,951.25</b>	<b>1,449.77</b>	<b>1,777.56</b>
		<b>FY2025-2026</b>	<b>587.00</b>	<b>1,720.00</b>	<b>97,916.70</b>	<b>7,490.60</b>	<b>10,423.80</b>	<b>31,510.55</b>	<b>2,410.55</b>	<b>3,232.35</b>
		<b>TOTAL</b>	<b>1,843.00</b>	<b>5,948.00</b>	<b>323,416.86</b>	<b>25,609.32</b>	<b>34,533.30</b>	<b>96,100.20</b>	<b>7,564.56</b>	<b>9,915.45</b>

## Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
<b>Pay Frequency: Semimonthly</b>										
<b>Employee: Kjer, Tori L</b>				<b>SSN: xxx-xx-4628</b>						
Regular	0.00		129,000.00	FED FIT	27,424.25	ADP RS	21,285.00	75,054.01	FED SOCSEC-ER	7,998.00
Vacation	8.00	48.0769	0.00	FED SOCSEC	7,998.00	employee			FED MEDCARE-ER	1,870.56
Reimbursement	0.00		8,557.03	FED	1,870.50	before-tax %			CA SUI-ER	434.00
Cell Phone	0.00		480.00	MEDCARE			21,285.00			10,302.56
Reimbursement				CA SIT	2,916.40					
	8.00		138,037.03	CA SDI	1,488.87					
					41,698.02					

Check Date: 07/19/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 08/05/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$4,077.41  
 Check Date: 08/20/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 09/05/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.47  
 Check Date: 09/20/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 10/04/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 10/18/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 11/05/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.47  
 Check Date: 11/20/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 12/05/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 12/20/2024 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,014.48  
 Check Date: 01/03/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$3,024.97  
 Check Date: 01/17/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 02/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.07  
 Check Date: 02/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 03/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 03/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 04/04/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.07  
 Check Date: 04/18/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 05/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 05/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06  
 Check Date: 06/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$6,084.42  
 Check Date: 06/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$6,461.81  
 Check Date: 07/03/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,526.06

**Employee: Zhang, Brenda D** **SSN: xxx-xx-6094**

## Payroll Details

Hours and Earnings			Taxes		Deductions		Net Pay	Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Regular	0.00		96,500.16	FED FIT	10,754.34	ADP RS	9,971.60	67,028.47	FED SOCSEC-ER	5,982.96
Vacation	96.00		0.00	FED SOCSEC	5,983.01	employee			FED MEDCARE-ER	1,399.20
Sick	8.00		0.00	FED	1,399.25	before-tax %			CA SUI-ER	434.00
Personal	8.00		0.00	MEDCARE			9,971.60			7,816.16
Reimbursement	0.00		3,816.03	CA SIT	4,545.74					
Cell Phone	0.00		480.00	CA SDI	1,113.78					
Reimbursement					23,796.12					
	112.00		100,796.19							

Check Date: 07/19/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,772.35  
 Check Date: 08/05/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,731.52  
 Check Date: 08/20/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,782.64  
 Check Date: 09/05/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,775.00  
 Check Date: 09/20/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,724.27  
 Check Date: 10/04/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,327.16  
 Check Date: 10/18/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,726.70  
 Check Date: 11/05/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,715.50  
 Check Date: 11/20/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,711.73  
 Check Date: 12/05/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,700.36  
 Check Date: 12/20/2024 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,785.39  
 Check Date: 01/03/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,686.83  
 Check Date: 01/17/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,648.10  
 Check Date: 02/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,686.81  
 Check Date: 02/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,845.05  
 Check Date: 03/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,648.10  
 Check Date: 03/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,648.10  
 Check Date: 04/04/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,648.09  
 Check Date: 04/18/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,254.25  
 Check Date: 05/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,748.06  
 Check Date: 05/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,713.72  
 Check Date: 06/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,394.38  
 Check Date: 06/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,703.79  
 Check Date: 07/03/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,650.57

Pay Frequency Totals: Semimonthly										
Regular	0.00		\$225,500.16	FED FIT	\$38,178.59	ADP RS	\$31,256.60	\$142,082.48	FED SOCSEC-ER	\$13,980.96
Vacation	104.00		\$0.00	FED SOCSEC	\$13,981.01	employee			FED MEDCARE-ER	\$3,269.76
Sick	8.00		\$0.00			before-tax %			CA SUI-ER	\$868.00

Company: Los Angeles Neighborhood Land Trust

Check dates from: 7/19/2024 - Payroll 1 to: 7/3/2025 - Payroll 2  
 Pay Period from: 07/01/2024 to: 06/30/2025

## Payroll Details

Hours and Earnings			Taxes		Deductions		Employer			
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Personal	8.00		\$0.00	FED	\$3,269.75					
Reimbursement	0.00		\$12,373.06	MEDCARE						
Cell Phone	0.00		\$960.00	CA SIT	\$7,462.14					
Reimbursement				CA SDI	\$2,602.65					
	120.00		\$238,833.22		\$65,494.14					
<b>Total Employees - Semimonthly: 2</b>										
<b>Company Totals:</b>										
Regular	0.00		\$225,500.16	FED FIT	\$38,178.59	ADP RS	\$31,256.60	\$142,082.48	FED SOCSEC-ER	\$13,980.96
Vacation	104.00		\$0.00	FED SOCSEC	\$13,981.01	employee			FED MEDCARE-ER	\$3,269.76
Sick	8.00		\$0.00	FED	\$3,269.75	before-tax %			CA SUI-ER	\$868.00
Personal	8.00		\$0.00	MEDCARE			\$31,256.60			\$18,118.72
Reimbursement	0.00		\$12,373.06	CA SIT	\$7,462.14					
Cell Phone	0.00		\$960.00	CA SDI	\$2,602.65					
Reimbursement										
	120.00		\$238,833.22		\$65,494.14					
<b>Total Employees - Company: 2</b>										

## Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
<b>Pay Frequency: Semimonthly</b>										
<b>Employee: Kjer, Tori L</b>				<b>SSN: xxx-xx-4628</b>						
Regular	0.00		56,250.00	FED FIT	11,034.60	ADP RS	8,127.50	26,413.88	FED SOCSEC-ER	3,487.50
Cell Phone	0.00		200.00	FED SOCSEC	3,487.50	employee			FED MEDCARE-ER	815.60
Reimbursement				FED	815.62	before-tax %				4,303.10
	0.00		56,450.00	MEDCARE		ADP RS	4,810.00			
				CA SIT	1,085.90	employee				
				CA SDI	675.00	before-tax				
					17,098.62	catch-up %				
										12,937.50
Check Date: 07/18/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 08/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 08/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.38										
Check Date: 09/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 09/19/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 10/03/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 10/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.38										
Check Date: 11/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 11/20/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
Check Date: 12/05/2025 / Direct Deposit / Checking / Account No: XXXXXXXXXXXX4006 \$2,641.39										
<b>Employee: Zhang, Brenda D</b>				<b>SSN: xxx-xx-6094</b>						
Regular	0.00		41,666.70	FED FIT	4,462.50	ADP RS	5,500.00	28,946.31	FED SOCSEC-ER	2,583.30
Vacation	72.00		0.00	FED SOCSEC	2,583.33	employee			FED MEDCARE-ER	604.20
Personal	16.00		0.00	FED	604.17	before-tax %				3,187.50
Holiday	16.00		0.00	MEDCARE			5,500.00			
Reimbursement	0.00		2,608.55	CA SIT	1,878.94					
Cell Phone	0.00		200.00	CA SDI	500.00					
Reimbursement					10,028.94					
	104.00		44,475.25							
Check Date: 07/18/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,885.12										
Check Date: 08/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,740.82										
Check Date: 08/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,970.47										
Check Date: 09/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,018.32										
Check Date: 09/19/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,931.59										
Check Date: 10/03/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,353.23										
Check Date: 10/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,656.17										
Check Date: 11/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$3,105.41										

Company: Los Angeles Neighborhood Land Trust

Check dates from: 7/18/2025 - Payroll 1 to: 12/5/2025 - Payroll 1  
 Pay Period from: 07/01/2025 to: 11/30/2025

## Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount

Check Date: 11/20/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,695.79

Check Date: 12/05/2025 / Direct Deposit / Checking / Account No: XXXXXX3357 \$2,589.39

**Pay Frequency Totals: Semimonthly**

Regular	0.00	\$97,916.70	FED FIT	\$15,497.10	ADP RS	\$13,627.50	\$55,360.19	FED SOCSEC-ER	\$6,070.80
Vacation	72.00	\$0.00	FED SOCSEC	\$6,070.83	employee			FED MEDCARE-ER	\$1,419.80
Personal	16.00	\$0.00	FED	\$1,419.79	before-tax %				\$7,490.60
Holiday	16.00	\$0.00	MEDCARE		ADP RS	\$4,810.00			
Reimbursement	0.00	\$2,608.55	CA SIT	\$2,964.84	employee				
Cell Phone	0.00	\$400.00	CA SDI	\$1,175.00	before-tax				
Reimbursement	0.00	\$0.00		\$27,127.56	catch-up %				
	<u>104.00</u>	<u>\$100,925.25</u>				<u>\$18,437.50</u>			

**Total Employees - Semimonthly: 2**

**Company Totals:**

Regular	0.00	\$97,916.70	FED FIT	\$15,497.10	ADP RS	\$13,627.50	\$55,360.19	FED SOCSEC-ER	\$6,070.80
Vacation	72.00	\$0.00	FED SOCSEC	\$6,070.83	employee			FED MEDCARE-ER	\$1,419.80
Personal	16.00	\$0.00	FED	\$1,419.79	before-tax %				\$7,490.60
Holiday	16.00	\$0.00	MEDCARE		ADP RS	\$4,810.00			
Reimbursement	0.00	\$2,608.55	CA SIT	\$2,964.84	employee				
Cell Phone	0.00	\$400.00	CA SDI	\$1,175.00	before-tax				
Reimbursement	0.00	\$0.00		\$27,127.56	catch-up %				
	<u>104.00</u>	<u>\$100,925.25</u>				<u>\$18,437.50</u>			

**Total Employees - Company: 2**



**Blue Shield of California**  
 Installation & Membership - Small Group  
 PO BOX 629032  
 EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
 Invoice Number: 241650009752

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
		Total Subscriber and 2+ dep	1
Total Subscribers	9		
Total Members	4		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Current Charges</i>								
CAMPOS-JIMENEZ, DIANA	912436083		884.91	0.00	0.00	0.00	2	\$884.91
GARCIA, ADRIANA	911919921		524.74	0.00	0.00	0.00	1	\$524.74
GARVOILLE, DAVID	913067029		1164.42	0.00	0.00	0.00	1	\$1164.42
GONZALEZ, JULIE	912526559		626.35	0.00	0.00	0.00	1	\$626.35
GRUBEN, ANNA	910487242		2804.52	0.00	0.00	0.00	4	\$2804.52
KJER, TORI	909001209		1140.76	0.00	0.00	0.00	1	\$1140.76
MCRAE, DOROTHY	909896275		1164.42	0.00	0.00	0.00	1	\$1164.42
QUADRINO, CLAUDIA	913187451		626.35	0.00	0.00	0.00	1	\$626.35
ZHANG, BRENDA	911945241		723.60	0.00	0.00	0.00	1	\$723.60

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
<b>Total</b>	\$9660.07	\$0.00	\$0.00	\$0.00	13	\$9,660.07

**Miscellaneous Credits and Debits**

Blue Shield will charge a \$25 fee for all returned checks.  
 None Applied

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Enclosure: Blue Shield of California Appeals

004162 2/6



4796



Account Number: W00580371000  
 Invoice Number: 241970016705

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	-2	Total Subscriber only	6
Net Change Members	-3	Total Subscriber and 1 dep	1
Total Subscribers	7	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Current Charges</i>								
CAMPOS-JIMENEZ, DIANA	912436083		884.91	0.00	0.00	0.00	2	\$884.91
GARCIA, ADRIANA	911919921		524.74	0.00	0.00	0.00	1	\$524.74
GARVOILLE, DAVID	913067029		1164.42	0.00	0.00	0.00	1	\$1164.42
GONZALEZ, JULIE	912526559		626.35	0.00	0.00	0.00	1	\$626.35
KJER, TORI	909001209		1140.76	0.00	0.00	0.00	1	\$1140.76
QUADRINO, CLAUDIA	913187451		626.35	0.00	0.00	0.00	1	\$626.35
ZHANG, BRENDA	911945241		723.60	0.00	0.00	0.00	1	\$723.60

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
<b>Total</b>	\$5691.13	\$0.00	\$0.00	\$0.00	8	\$5,691.13

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Retroactive Eligibility Adjustments through 07/15/24</i>								
GRUBEN, ANNA	910487242		-2804.52	0.00	0.00	0.00	-4	\$-2804.52
Cancel Subscriber	07/01/24-07/31/24							
MCRAE, DOROTHY	909896275		-1164.42	0.00	0.00	0.00	-1	\$-1164.42
Cancel Subscriber	07/01/24-07/31/24							
Subscriber Effective	07/01/24-07/31/24							

Net Adjustments	Health	Dental	Vision	Life	# Per	Total
<b>Total</b>	\$-3968.94	\$0.00	\$0.00	\$0.00	-5	\$-3,968.94

**Miscellaneous Credits and Debits**

Blue Shield will charge a \$25 fee for all returned checks.  
 None Applied

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Enclosure: Blue Shield of California Appeals

004588 2/6





Blue Shield of California  
 Installation & Membership - Small Group  
 PO BOX 629032  
 EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
 Invoice Number: 242270003996

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	1	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Current Charges</i>								
CAMPOS-JIMENEZ, DIANA	912436083		884.91	0.00	0.00	0.00	2	\$884.91
GARCIA, ADRIANA	911919921		524.74	0.00	0.00	0.00	1	\$524.74
GARVOILLE, DAVID	913067029		1164.42	0.00	0.00	0.00	1	\$1164.42
GONZALEZ, JULIE	912526559		626.35	0.00	0.00	0.00	1	\$626.35
KJER, TORI	909001209		1140.76	0.00	0.00	0.00	1	\$1140.76
QUADRINO, CLAUDIA	913187451		626.35	0.00	0.00	0.00	1	\$626.35
VALENCIA, MIREYA	913375952		547.22	0.00	0.00	0.00	1	\$547.22
ZHANG, BRENDA	911945241		723.60	0.00	0.00	0.00	1	\$723.60

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
<b>Total</b>	<b>\$6238.35</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>9</b>	<b>\$6,238.35</b>

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<i>Retroactive Eligibility Adjustments through 08/14/24</i>								
VALENCIA, MIREYA	913375952		1094.44	0.00	0.00	0.00	1	\$1094.44
Add Subscriber	07/01/24-08/31/24							

Net Adjustments	Health	Dental	Vision	Life	# Per	Total
<b>Total</b>	<b>\$1094.44</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>1</b>	<b>\$1,094.44</b>

**Miscellaneous Credits and Debits**

Blue Shield will charge a \$25 fee for all returned checks.  
 None Applied

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Enclosure: Blue Shield of California Appeals

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## Notices available online

### **Nondiscrimination and Language Assistance Services**

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Service at **(800) 393-6130 (TTY: 711)**.

### **Servicios de asistencia en idiomas y avisos de no discriminación**

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711)**.

### **非歧視通知和語言協助服務**

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711)**。

# Blue Shield of California member grievance procedure

If you disagree with Blue Shield of California's (Blue Shield) determination, you, your provider, or an attorney or representative on your behalf may file a grievance by 1) calling the Customer Service/Member Services Department toll-free number located on your Blue Shield member ID card or **(800) 393-6130**, 2) writing to the Customer Service/Member Services Department or 3) submitting a completed Grievance Form. You can obtain a Grievance Form either by contacting Customer Service/Member Services or by logging in to **blueshieldca.com**. The completed Grievance Form should be submitted either online or to the address below. Grievances are resolved within 30 days. The grievance system allows you to file standard or expedited grievances within 180 days following an incident or action that is subject to your dissatisfaction. Please indicate that you are filing a grievance, and include any documents or information that you believe may be relevant to the review of your grievance.

- Hearing- and speech-impaired: Call our TTY number at **711**
- Online: **blueshieldca.com**
- Write: Blue Shield of California  
Attn: Customer Service Grievances  
P.O. Box 5588  
El Dorado Hills, CA 95762-0011

## Expedited decisions

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You have the right to an expedited decision when the routine decision-making process might pose an imminent or serious threat to your health including, but not limited to, severe pain or potential loss of life, limb, or major bodily function. Blue Shield will evaluate your request and medical condition to determine if it qualifies for an expedited decision, which will be processed as soon as possible to accommodate the patient's condition, not to exceed 72 hours. To request an expedited decision, you or your physician on your behalf can call the phone number or write to the address as listed above. Specifically state that you want an expedited decision, and that waiting for the standard process might seriously jeopardize your health.



## **RIGHT TO SUBMIT GRIEVANCE REGARDING CANCELLATION, RESCISSION, OR NONRENEWAL OF YOUR PLAN ENROLLMENT, SUBSCRIPTION, OR CONTRACT**

If you believe your healthcare coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

### **OPTION (1) – YOU MAY SUBMIT A GRIEVANCE TO YOUR PLAN**

- You may submit a grievance to Blue Shield by calling (800) 393-6130, going online at **blueshieldca.com**, or by mailing your written grievance to Blue Shield of California, Appeals and Grievances Dept, P.O. Box 5588, El Dorado Hills, CA 95762.
- You may want to submit your grievance to Blue Shield first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.
- Blue Shield will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care as detailed under Option 2 below.

### **OPTION (2) – YOU MAY SUBMIT A GRIEVANCE DIRECTLY TO THE DEPARTMENT OF MANAGED HEALTH CARE**

- You may submit a grievance to the Department of Managed Health Care without first submitting it to the plan or after you have received the plan's decision on your grievance.
- You may submit a grievance to the Department of Managed Health Care online at: **dmhc.ca.gov**.
- You may submit a grievance to the Department of Managed Health Care by mailing your written grievance to:  
HELP CENTER  
DEPARTMENT OF MANAGED HEALTH CARE  
980 NINTH STREET, SUITE 500  
SACRAMENTO, CALIFORNIA 95814-2725
- You may contact the Department of Managed Health Care for more information on filing a grievance at:  
PHONE: 1-888-466-2219  
TTY: 1-877-688-9891  
FAX: 1-916-255-5241



## Medi-Cal Is Changing Too

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.

To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.

**For More Information** – To learn more about Covered California or Medi-Cal, visit [www.CoveredCA.com](http://www.CoveredCA.com) or call **(800) 300-1506** or TTY at **(888) 889-4500**. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling **(800) 430-4263**, visiting [www.benefitscal.org](http://www.benefitscal.org) or [www.beneficioscal.org](http://www.beneficioscal.org) (Spanish) online, or visiting your county human services office in person.

## Medicare

If you are eligible for the Medicare Program you should examine your options carefully, as delaying Medicare enrollment may result in substantial financial implications. You can obtain enrollment advice or enroll in Medicare in the following ways: You can visit [Medicare.gov](http://Medicare.gov) or call the toll-free number **1-800-MEDICARE (1-800-633-4227)** or the TTY number **1-877-486-2048** for the latest information about Medicare.

You can also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides insurance counseling services free of charge by the state to California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office.

You can learn more about HICAP by visiting their website [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap).



LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	09/13/24
Billing Period:	10/01/24-10/31/24
Due Date:	10/01/24
Previous Amount Due:	\$ 7,332.79
Payments - thank you:	-7,332.79
Balance:	0.00
Current Charges:	6,238.35
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,238.35</b>

Account Number: W00580371000  
 Invoice Number: 242570014161

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,711.64	0.00	\$1,711.64
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,711.64</b>	<b>\$0.00</b>	<b>\$1,711.64</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,117.06	0.00	\$3,117.06
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,117.06</b>	<b>\$0.00</b>	<b>\$3,117.06</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	1	524.74	0.00	\$524.74
2 Party	1	884.91	0.00	\$884.91
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,409.65</b>	<b>\$0.00</b>	<b>\$1,409.65</b>
<b>Total</b>		<b>\$6,238.35</b>	<b>\$0.00</b>	<b>\$6,238.35</b>

Account Number: W00580371000  
 Invoice Number: 242570014161

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		884.91	0.00	0.00	0.00	2	\$884.91
GARCIA, ADRIANA	911919921		524.74	0.00	0.00	0.00	1	\$524.74
GARVOILLE, DAVID	913067029		1164.42	0.00	0.00	0.00	1	\$1164.42
GONZALEZ, JULIE	912526559		626.35	0.00	0.00	0.00	1	\$626.35
KJER, TORI	909001209		1140.76	0.00	0.00	0.00	1	\$1140.76
QUADRINO, CLAUDIA	913187451		626.35	0.00	0.00	0.00	1	\$626.35
VALENCIA, MIREYA	913375952		547.22	0.00	0.00	0.00	1	\$547.22
ZHANG, BRENDA	911945241		723.60	0.00	0.00	0.00	1	\$723.60

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6238.35	\$0.00	\$0.00	\$0.00	9	\$6,238.35

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 242570014161

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,238.35
	10/01/24

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	10/14/24
Billing Period:	11/01/24-11/30/24
Due Date:	11/01/24
Previous Amount Due:	\$ 6,238.35
Payments - thank you:	-6,238.35
Balance:	0.00
Current Charges:	6,238.35
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,238.35</b>

Account Number: W00580371000  
 Invoice Number: 242880051504

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,711.64	0.00	\$1,711.64
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,711.64</b>	<b>\$0.00</b>	<b>\$1,711.64</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,117.06	0.00	\$3,117.06
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,117.06</b>	<b>\$0.00</b>	<b>\$3,117.06</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	1	524.74	0.00	\$524.74
2 Party	1	884.91	0.00	\$884.91
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,409.65</b>	<b>\$0.00</b>	<b>\$1,409.65</b>
<b>Total</b>		<b>\$6,238.35</b>	<b>\$0.00</b>	<b>\$6,238.35</b>

Account Number: W00580371000  
 Invoice Number: 242880051504

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		884.91	0.00	0.00	0.00	2	\$884.91
GARCIA, ADRIANA	911919921		524.74	0.00	0.00	0.00	1	\$524.74
GARVOILLE, DAVID	913067029		1164.42	0.00	0.00	0.00	1	\$1164.42
GONZALEZ, JULIE	912526559		626.35	0.00	0.00	0.00	1	\$626.35
KJER, TORI	909001209		1140.76	0.00	0.00	0.00	1	\$1140.76
QUADRINO, CLAUDIA	913187451		626.35	0.00	0.00	0.00	1	\$626.35
VALENCIA, MIREYA	913375952		547.22	0.00	0.00	0.00	1	\$547.22
ZHANG, BRENDA	911945241		723.60	0.00	0.00	0.00	1	\$723.60

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6238.35	\$0.00	\$0.00	\$0.00	9	\$6,238.35

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 242880051504

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,238.35
	11/01/24

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	11/13/24
Billing Period:	12/01/24-12/31/24
Due Date:	12/01/24
Previous Amount Due:	\$ 6,238.35
Payments - thank you:	-6,238.35
Balance:	0.00
Current Charges:	6,854.49
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,854.49</b>

Account Number: W00580371000  
 Invoice Number: 243180025475

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,865.27	0.00	\$1,865.27
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,865.27</b>	<b>\$0.00</b>	<b>\$1,865.27</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	1	598.83	0.00	\$598.83
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,600.04</b>	<b>\$0.00</b>	<b>\$1,600.04</b>
<b>Total</b>		<b>\$6,854.49</b>	<b>\$0.00</b>	<b>\$6,854.49</b>

Account Number: W00580371000  
 Invoice Number: 243180025475

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		598.83	0.00	0.00	0.00	1	\$598.83
GARVOILLE, DAVID	913067029		1268.93	0.00	0.00	0.00	1	\$1268.93
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6854.49	\$0.00	\$0.00	\$0.00	9	\$6,854.49

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 243180025475

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,854.49
	12/01/24

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	12/16/24
Billing Period:	01/01/25-01/31/25
Due Date:	01/01/25
Previous Amount Due:	\$ 6,854.49
Payments - thank you:	-6,854.49
Balance:	0.00
Current Charges:	6,937.35
Retroactive Adjustments:	82.86
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 7,020.21</b>

Account Number: W00580371000  
 Invoice Number: 243510010415

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	3	2,546.96	681.69	\$3,228.65
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$2,546.96</b>	<b>\$681.69</b>	<b>\$3,228.65</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	1	0.00	-598.83	\$-598.83
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$-598.83</b>	<b>\$402.38</b>
<b>Total</b>		<b>\$6,937.35</b>	<b>\$82.86</b>	<b>\$7,020.21</b>

Account Number: W00580371000  
 Invoice Number: 243510010415

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GARVOILLE, DAVID	913067029		1268.93	0.00	0.00	0.00	1	\$1268.93
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6937.35	\$0.00	\$0.00	\$0.00	9	\$6,937.35

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Retroactive Eligibility Adjustments through 12/16/24</b>								
GARCIA, ADRIANA	911919921		82.86	0.00	0.00	0.00	1	\$82.86
Subscriber Effective Date Change	12/01/24-12/31/24							

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$82.86	\$0.00	\$0.00	\$0.00	1	\$82.86

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 243510010415

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	7,020.21
	01/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	01/14/25
Billing Period:	02/01/25-02/28/25
Due Date:	02/01/25
Previous Amount Due:	\$ 7,020.21
Payments - thank you:	-7,020.21
Balance:	0.00
Current Charges:	6,937.35
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250140019044

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	3	2,546.96	0.00	\$2,546.96
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$2,546.96</b>	<b>\$0.00</b>	<b>\$2,546.96</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,937.35</b>	<b>\$0.00</b>	<b>\$6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250140019044

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GARVOILLE, DAVID	913067029		1268.93	0.00	0.00	0.00	1	\$1268.93
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6937.35	\$0.00	\$0.00	\$0.00	9	\$6,937.35

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 250140019044

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,937.35
	02/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	02/11/25
Billing Period:	03/01/25-03/31/25
Due Date:	03/01/25
Previous Amount Due:	\$ 6,937.35
Payments - thank you:	-6,937.35
Balance:	0.00
Current Charges:	6,937.35
Retroactive Adjustments:	0.00
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250420024406

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	3	2,546.96	0.00	\$2,546.96
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$2,546.96</b>	<b>\$0.00</b>	<b>\$2,546.96</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,937.35</b>	<b>\$0.00</b>	<b>\$6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250420024406

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GARVOILLE, DAVID	913067029		1268.93	0.00	0.00	0.00	1	\$1268.93
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6937.35	\$0.00	\$0.00	\$0.00	9	\$6,937.35

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 250420024406

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,937.35
	03/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	03/14/25
Billing Period:	04/01/25-04/30/25
Due Date:	04/01/25
Previous Amount Due:	\$ 6,937.35
Payments - thank you:	-6,937.35
Balance:	0.00
Current Charges:	6,937.35
Retroactive Adjustments:	0.00
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250730008413

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	3	2,546.96	0.00	\$2,546.96
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$2,546.96</b>	<b>\$0.00</b>	<b>\$2,546.96</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,937.35</b>	<b>\$0.00</b>	<b>\$6,937.35</b>

Account Number: W00580371000  
 Invoice Number: 250730008413

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GARVOILLE, DAVID	913067029		1268.93	0.00	0.00	0.00	1	\$1268.93
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6937.35	\$0.00	\$0.00	\$0.00	9	\$6,937.35

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 250730008413

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,937.35
	04/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	04/14/25
Billing Period:	05/01/25-05/31/25
Due Date:	05/01/25
Previous Amount Due:	\$ 6,937.35
Payments - thank you:	-6,937.35
Balance:	0.00
Current Charges:	5,668.42
Retroactive Adjustments:	-1,268.93
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 4,399.49</b>

Account Number: W00580371000  
 Invoice Number: 251040017398

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	3	1,278.03	-1,268.93	\$9.10
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>-\$1,268.93</b>	<b>\$9.10</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$5,668.42</b>	<b>-\$1,268.93</b>	<b>\$4,399.49</b>

Account Number: W00580371000  
 Invoice Number: 251040017398

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	-1	Total Subscriber only	6
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	7	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$5668.42	\$0.00	\$0.00	\$0.00	8	\$5,668.42

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Retroactive Eligibility Adjustments through 04/14/25</b>								
GARVOILLE, DAVID	913067029		-1268.93	0.00	0.00	0.00	-1	\$-1268.93
Cancel Subscriber	04/01/25-04/30/25							

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$-1268.93	\$0.00	\$0.00	\$0.00	-1	\$-1,268.93

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 251040017398

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	4,399.49
	05/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	05/14/25
Billing Period:	06/01/25-06/30/25
Due Date:	06/01/25
Previous Amount Due:	\$ 4,399.49
Payments - thank you:	-4,399.49
Balance:	0.00
Current Charges:	5,668.42
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 5,668.42</b>

Account Number: W00580371000  
 Invoice Number: 251340020966

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	4	3,389.18	0.00	\$3,389.18
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$3,389.18</b>	<b>\$0.00</b>	<b>\$3,389.18</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$5,668.42</b>	<b>\$0.00</b>	<b>\$5,668.42</b>

Account Number: W00580371000  
 Invoice Number: 251340020966

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	6
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	7	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$5668.42	\$0.00	\$0.00	\$0.00	8	\$5,668.42

**Miscellaneous Credits and Debits**

None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
 P.O. BOX 749415  
 LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
 Due Date

\$	5,668.42
	06/01/25

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	06/13/25
Billing Period:	07/01/25-07/31/25
Due Date:	07/01/25
Previous Amount Due:	\$ 5,668.42
Payments - thank you:	-5,668.42
Balance:	0.00
Current Charges:	6,468.23
Retroactive Adjustments:	799.81
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 7,268.04</b>

Account Number: W00580371000  
 Invoice Number: 251640025103

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	5	4,188.99	799.81	\$4,988.80
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$4,188.99</b>	<b>\$799.81</b>	<b>\$4,988.80</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,468.23</b>	<b>\$799.81</b>	<b>\$7,268.04</b>

Account Number: W00580371000  
 Invoice Number: 251640025103

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	1	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6468.23	\$0.00	\$0.00	\$0.00	9	\$6,468.23

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Retroactive Eligibility Adjustments through 06/13/25</b>								
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
Add Subscriber	06/01/25-06/30/25							

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$799.81	\$0.00	\$0.00	\$0.00	1	\$799.81

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 251640025103

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	7,268.04
	07/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	07/14/25
Billing Period:	08/01/25-08/31/25
Due Date:	08/01/25
Previous Amount Due:	\$ 7,268.04
Payments - thank you:	-7,268.04
Balance:	0.00
Current Charges:	6,468.23
Retroactive Adjustments:	0.00
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 251950057141

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	5	4,188.99	0.00	\$4,188.99
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$4,188.99</b>	<b>\$0.00</b>	<b>\$4,188.99</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,468.23</b>	<b>\$0.00</b>	<b>\$6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 251950057141

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6468.23	\$0.00	\$0.00	\$0.00	9	\$6,468.23

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 251950057141

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,468.23
	08/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	08/14/25
Billing Period:	09/01/25-09/30/25
Due Date:	09/01/25
Previous Amount Due:	\$ 6,468.23
Payments - thank you:	-6,468.23
Balance:	0.00
Current Charges:	6,468.23
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252260026542

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	5	4,188.99	0.00	\$4,188.99
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$4,188.99</b>	<b>\$0.00</b>	<b>\$4,188.99</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,468.23</b>	<b>\$0.00</b>	<b>\$6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252260026542

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges			Health	Dental	Vision	Life	# Per	Total
Total			\$6468.23	\$0.00	\$0.00	\$0.00	9	\$6,468.23

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 252260026542

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

---

None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,468.23
	09/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	09/15/25
Billing Period:	10/01/25-10/31/25
Due Date:	10/01/25
Previous Amount Due:	\$ 6,468.23
Payments - thank you:	-6,468.23
Balance:	0.00
Current Charges:	6,468.23
Retroactive Adjustments:	0.00
Net Credits/Debits	0.00
<b>Total Amount Due:</b>	<b>\$ 6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252580025769

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	5	4,188.99	0.00	\$4,188.99
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$4,188.99</b>	<b>\$0.00</b>	<b>\$4,188.99</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,468.23</b>	<b>\$0.00</b>	<b>\$6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252580025769

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges	Health	Dental	Vision	Life	# Per	Total
Total	\$6468.23	\$0.00	\$0.00	\$0.00	9	\$6,468.23

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 252580025769

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,468.23
	10/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

LOS ANGELES NEIGHBORHOOD LAND TRUST  
 TORI KJER  
 1689 BEVERLY BOULEVARD  
 LOS ANGELES CA 90026

Summary

Bill Date:	10/14/25
Billing Period:	11/01/25-11/30/25
Due Date:	11/01/25
Previous Amount Due:	\$ 6,468.23
Payments - thank you:	-6,468.23
Balance:	0.00
Current Charges:	6,468.23
Retroactive Adjustments:	0.00
Net Credits/Debits:	0.00
<b>Total Amount Due:</b>	<b>\$ 6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252870018079

**This is not a bill or a request for payment.**  
**Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Product Summary

Contract Type	Subscriber Count	Current Charges	Adjustments	Total
<b>Gold Full PPO 750/30 OffEx- Blue Shield of California</b>				
Single	2	1,278.03	0.00	\$1,278.03
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,278.03</b>	<b>\$0.00</b>	<b>\$1,278.03</b>
<b>Platinum Full PPO 0/10 OffEx- Blue Shield of California</b>				
Single	5	4,188.99	0.00	\$4,188.99
2 Party	0	0.00	0.00	\$0.00
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$4,188.99</b>	<b>\$0.00</b>	<b>\$4,188.99</b>
<b>Silver Full PPO 2550/70 OffEx- Blue Shield of California</b>				
Single	0	0.00	0.00	\$0.00
2 Party	1	1,001.21	0.00	\$1,001.21
Family	0	0.00	0.00	\$0.00
<b>Total</b>		<b>\$1,001.21</b>	<b>\$0.00</b>	<b>\$1,001.21</b>
<b>Total</b>		<b>\$6,468.23</b>	<b>\$0.00</b>	<b>\$6,468.23</b>

Account Number: W00580371000  
 Invoice Number: 252870018079

**This is not a bill or a request for payment.  
 Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

**Membership Summary**

Total Current Adjustments		Contract Counts	
Net Change Subscribers	0	Total Subscriber only	7
Net Change Members	0	Total Subscriber and 1 dep	1
Total Subscribers	8	Total Subscriber and 2+ dep	0
Total Members	1		

**Billing Detail**

Subscriber Name	SubscriberId	Employee Id	Health	Dental	Vision	Life	# Per	Total
<b>Current Charges</b>								
CAMPOS-JIMENEZ, DIANA	912436083		1001.21	0.00	0.00	0.00	2	\$1001.21
GARCIA, ADRIANA	911919921		681.69	0.00	0.00	0.00	1	\$681.69
GONZALEZ, JULIE	912526559		677.06	0.00	0.00	0.00	1	\$677.06
HAQUE, MEENA	914377822		799.81	0.00	0.00	0.00	1	\$799.81
KJER, TORI	909001209		1261.09	0.00	0.00	0.00	1	\$1261.09
QUADRINO, CLAUDIA	913187451		677.06	0.00	0.00	0.00	1	\$677.06
VALENCIA, MIREYA	913375952		596.34	0.00	0.00	0.00	1	\$596.34
ZHANG, BRENDA	911945241		773.97	0.00	0.00	0.00	1	\$773.97

Total Current Charges			Health	Dental	Vision	Life	# Per	Total
Total			\$6468.23	\$0.00	\$0.00	\$0.00	9	\$6,468.23

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

Blue Shield of California  
Installation & Membership - Small Group  
PO BOX 629032  
EL DORADO HILLS CA 95762-9032

Account Number: W00580371000  
Invoice Number: 252870018079

**This is not a bill or a request for payment.  
Your bill will be sent via US mail, please refer to that document for all charges and information regarding making payments.**

Miscellaneous Credits and Debits

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None Applied

Blue Shield will charge a \$25 fee for all returned checks.

BLUE SHIELD OF CALIFORNIA  
P.O. BOX 749415  
LOS ANGELES CA 90074-9415

Total Due - please pay this amount  
Due Date

\$	6,468.23
	11/01/25

Blue Shield of California bills monthly dues/premium on behalf of Blue Shield of California and Blue Shield of California Life & Health Insurance Company. To determine which company underwrites the benefit plans billed on this statement, please refer to your health services agreement and/or group policy(ies).

**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 07/01/2024 TO 07/31/2024

07/01/2024	Current Charges	\$ 425.86
		=====
		\$ 425.86
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 07/01/2024

\*\*\* Delinquent Date: 07/31/2024 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 08/01/2024 TO 08/31/2024

08/01/2024	Current Charges	\$ 274.59
08/01/2024	Retroactive Premium Credits	( \$ 151.27 )
		=====
		\$ 123.32
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 08/01/2024

\*\*\* Delinquent Date: 08/31/2024 \*\*\* 5% fee may apply if not received by this date



ADDITIONS AND TERMINATIONS

L.A. Neighborhood Land Trust

BILLING PERIOD: 08/01/2024 to 08/31/2024

NAME	SSN	LINE	CARRIER	COVERAGE	PREMIUM
Gruben, Anna	0125	Dental	Delta	FAM Silver w/Ortho	( \$ 89.65 )1 Month
Gruben, Anna	0125	Vision	VSP	EE+2 Silver	( \$ 20.94 )1 Month
McRae, Dorothy		Dental	Delta	EE ONLY Silver w/Ortho	( \$ 33.20 )1 Month
McRae, Dorothy		Vision	VSP	EE ONLY Silver	( \$ 7.48 )1 Month
					=====
					( \$ 151.27 )

**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

**BILLING SUMMARY**

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 09/01/2024 TO 09/30/2024

09/01/2024	Current Charges	\$ 315.27
09/01/2024	Retroactive Premium Charges	\$ 40.68
		=====
		\$ 355.95
		=====

**MAKE YOUR CHECK PAYABLE TO:**

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 09/01/2024

\*\*\* Delinquent Date: 09/30/2024 \*\*\* 5% fee may apply if not received by this date



ADDITIONS AND TERMINATIONS

L.A. Neighborhood Land Trust

BILLING PERIOD: 09/01/2024 to 09/30/2024

NAME	SSN	LINE	CARRIER	COVERAGE	PREMIUM
Valencia, Mireya	5256	Dental	Delta	EE ONLY Silver w/Ortho	\$ 33.20 1 Month
Valencia, Mireya	5256	Vision	VSP	EE ONLY Silver	\$ 7.48 1 Month
					<hr/>
					\$ 40.68

**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 10/01/2024 TO 10/31/2024

10/01/2024 Current Charges

\$ 315.27

=====

\$ 315.27

=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 10/01/2024

\*\*\* Delinquent Date: 10/31/2024 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 11/01/2024 TO 11/30/2024

11/01/2024	Current Charges	\$ 315.27
		=====
		\$ 315.27
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 11/01/2024

\*\*\* Delinquent Date: 11/30/2024 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 12/01/2024 TO 12/31/2024

12/01/2024	Current Charges	\$ 315.27
		=====
		\$ 315.27
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 12/01/2024

\*\*\* Delinquent Date: 12/31/2024 \*\*\* 5% fee may apply if not received by this date





**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 01/01/2025 TO 01/31/2025

01/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 01/01/2025

\*\*\* Delinquent Date: 01/31/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 02/01/2025 TO 02/28/2025

02/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 02/01/2025

\*\*\* Delinquent Date: 02/28/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Nanci Judd | 831-824-5014

Nanci@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 03/01/2025 TO 03/31/2025

03/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Premium Due Date: 03/01/2025

\*\*\* Delinquent Date: 03/31/2025 \*\*\* 5% fee may apply if not received by this date



ADDITIONS AND TERMINATIONS

L.A. Neighborhood Land Trust

BILLING PERIOD: 03/01/2025 to 03/31/2025

NAME	SSN	LINE	CARRIER	COVERAGE	PREMIUM
					=====
					\$ 0.00

**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Christine Boyd | 831-824-5021

Christine@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 04/01/2025 TO 04/30/2025

04/01/2025	Current Charges	\$ 291.37
		=====
		\$ 291.37
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 04/01/2025

\*\*\* Delinquent Date: 04/30/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Christine Boyd | 831-824-5021

Christine@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 05/01/2025 TO 05/31/2025

05/01/2025	Current Charges	\$ 291.37
		=====
		\$ 291.37
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 05/01/2025

\*\*\* Delinquent Date: 05/31/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Christine Boyd | 831-824-5021

Christine@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 06/01/2025 TO 06/30/2025

06/01/2025	Current Charges	\$ 291.37
		=====
		\$ 291.37
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 06/01/2025

\*\*\* Delinquent Date: 06/30/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Christine Boyd | 831-824-5021

Christine@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 07/01/2025 TO 07/31/2025

07/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 07/01/2025

\*\*\* Delinquent Date: 07/31/2025 \*\*\* 5% fee may apply if not received by this date



ADDITIONS AND TERMINATIONS

L.A. Neighborhood Land Trust

BILLING PERIOD: 07/01/2025 to 07/31/2025

NAME	SSN	LINE	CARRIER	COVERAGE	PREMIUM
					\$ 0.00

**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Christine Boyd | 831-824-5021

Christine@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 08/01/2025 TO 08/31/2025

08/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 08/01/2025

\*\*\* Delinquent Date: 08/31/2025 \*\*\* 5% fee may apply if not received by this date



**L.A. Neighborhood Land Trust**  
1689 Beverly Blvd.  
Los Angeles CA 90026

BILLING SUMMARY

L.A. Neighborhood Land Trust

For questions about your bill contact:

Andrea Rodriguez

andrea@cal-insurance.org

<----- Please include bottom portion with your payment ----->

L.A. Neighborhood Land Trust

Billing Period: 09/01/2025 TO 09/30/2025

09/01/2025	Current Charges	\$ 333.40
		=====
		\$ 333.40
		=====

MAKE YOUR CHECK PAYABLE TO:

**Nonprofit Benefits Trust**  
**P.O. Box 640**  
**Capitola CA 95010**

Please pay the bottom amount shown between the dotted lines above

Premium Due Date: 09/01/2025

\*\*\* Delinquent Date: 09/30/2025 \*\*\* 5% fee may apply if not received by this date





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[Overview](#) / Account: PLAT BUS CHECKING (...7957)

PLAT BUS CHECKING (...7957)

THE LOS ANGELES NEIGHBORHOOD LAND TRUST



Available balance



Present balance



Available credit



Available plus credit

### Transactions

Showing

All transactions



We found 2 transactions.

Filtered by:

All transactions

Oct 1, 2025 to Nov 30, 2025

\$333.40 to \$333.40

Date	Description	Type	Amount	Balance
Nov 3, 2025	ORIG CO NAME:NONPROFIT BENEFI ORIG ID:1306560313 DESC DATE:251103 CO ENTRY DESCR:INS. PREM SEC:CCD TRACE#:071000288008329 EED:251103 IND ID:38-3687836 IND NAME:LA NEIGHBORHOOD LANDTR TRN: 3078008329TC	ACH debit	-\$333.40	—
Oct 1, 2025	ORIG CO NAME:NONPROFIT BENEFI ORIG ID:1306560313 DESC DATE:251001 CO ENTRY DESCR:INS. PREM SEC:CCD TRACE#:071000285843199 EED:251001 IND ID:38-3687836 IND NAME:LA NEIGHBORHOOD LANDTR TRN: 2745843199TC	ACH debit	-\$333.40	—

If you have other transactions that aren't shown in your account activity, review your monthly statements.

You've reached the end of your account activity.