

No.

23-7534

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES

FILED

MAY 14 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

Charles C. Feick pro se PETITIONER
(Your Name)

VS.
The Brutsche Family
Revocable Trust et al — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

a copy of the order of appointment is appended.

Charles C. Feick pro se
(Signature)

RECEIVED

MAY 21 2024

OFFICE OF THE CLERK
SUPREME COURT, U.S.

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Charles C. Feick, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>1,263.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance ^{FOOD} (such as welfare) ^{STAMPS}	\$ <u>222.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>1,485.00</u>	\$ _____	\$ _____	\$ _____

NOTE: See attached Declaration of Charles Feick in Support of Motion for leave to Proceed in Forma Pauperis

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	_____	_____	\$_____
	_____	_____	\$_____
	_____	_____	\$_____

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	_____	_____	\$_____
	_____	_____	\$_____
	_____	_____	\$_____

4. How much cash do you and your spouse have? \$_____
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Direct Deposit Checking account	\$ -590	\$_____
	\$ Overdraft	\$_____
	\$_____	\$_____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
 Value 0

Other real estate
 Value 0

Motor Vehicle #1
 Year, make & model _____
 Value 0

Motor Vehicle #2
 Year, make & model _____
 Value 0

Other assets
 Description _____
 Value 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>✓</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>W/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,000.00</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>195.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>1 RENT</u>	\$ _____
Food	\$ <u>300.00</u>	\$ _____
Clothing	\$ <u>Household exp.</u>	\$ _____
Laundry and dry-cleaning	\$ <u>Household exp.</u>	\$ _____
Medical and dental expenses	\$ <u>Insurance</u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: <u>N/A</u>	\$ <u>0</u>	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: <u>N/A</u>	\$ <u>0</u>	\$ _____
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ _____
Other (specify): <u>N/A</u>	\$ <u>0</u>	\$ _____
Total monthly expenses:	<u>1495.00</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? 0

If yes, state the attorney's name, address, and telephone number:

N/A I am pro se/pro per

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? 0

If yes, state the person's name, address, and telephone number:

N/A I am pro se/pro per

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am currently poor living in a state below the Federal Poverty Guidelines. The basis of my poverty was due to the actions of the defendants in the original complaint filed on

I declare under penalty of perjury that the foregoing is true and correct.

12/5/18.

Executed on: May 13, 2024

NOTE Enclosed Please find the
Declaration of Charles C. Feick in
Support of Motion for Leave
to Proceed in Forma Pauperis

Charles C. Feick pro se
(Signature)

IN THE UNITED STATES SUPREME COURT

Charles C. Feick,

Case No. PENDING

Plaintiff,

V.

The Brutsche Family Revocable Trust, et al

Defendants.

DECLARATION OF CHARLES C.
FEICK IN SUPPORT OF MOTION FOR
LEAVE TO PROCEED IN FORMA
PAUPERIS

1. Declaration

I, Charles Feick, hereby declare as follows:

1. I am the Plaintiff, in this action, I am a resident of Washington State. I am over the age of 18. I am competent to testify, and I have personal knowledge of the facts stated herein.

2. Charles Feick, submits a Declaration of Feick's Financial Statement and exhibits to the United States Supreme Court in support of Feick's Motion for Leave to Proceed in Forma Pauperis

3. I am presenting my 2024 Social Security Benefits statement showing that I receive \$1,263- per month. I have been on Social Security Disability since 1994, and have been redesignated as retired in June 2023. (Exhibit 1)

4 I am presenting my Timberland Bank Monthly Statement for March

1 2024 showing the Direct Deposit of my Social Security Benefits of \$1,263.00. I
2 do not have a savings account. (Exhibit 2)

3 5. I am presenting my current May 2024 Rent Receipts showing \$1,000.00 per
4 month for rent at 1001 Lincoln St. Apt. B-302 Hoquiam, WA 98550. (Exhibit 3)

5 6. I am presenting my current April 2024 T-Mobile/Sprint monthly billing
6 statement showing a \$102.94 per month cell phone service fee. (Exhibit 4)

7 7. I am presenting my current April to May 2024 Xfinity/Comcast monthly
9 billing statement showing \$154.54 due per the internet service fee. (Exhibit 5)

10 8. I am presenting my food stamp card with \$223.00 in monthly benefits from
11 the WA DHSH Quest Program. (Exhibit 6)

12 9. My monthly income for May 2024 is \$1,263.00. My Food Stamp Benefits
13 were \$223.00. My monthly expenses for May 2024 were \$1,187.00. This leaves me
14 with \$76.00 for monthly housing, hygiene, and miscellaneous food purchases.

16 10. I do not own an automobile.

17 11. I do not own real Property.

18 12. I do not own annuities or stocks or bonds.

19 13. I'm an indigent litigant. My annual income is below the Federal Poverty
20 Guideline. I'm unable to pay any fees and costs. The monthly disability income I
21 receive allows me to pay for "basic living costs that I have cited in my financial
22 declaration.

24 14. "Indigent" as defined per RCW 10.101.10 (3)(a) states as follows:

25 (3) "Indigent" Means a person who, at any stage of a court proceeding is:

(a) Receiving one of the following types of public assistance:

1
2 Temporary assistance, for needy families, aged, blind, or disabled assistance
3 benefits, medical care services under RCW 74.09.035, pregnant women
4 assistance benefits, poverty related veterans' benefits, food stamps or food
5 stamps benefits that are transferred electronically, refugee resettlement
6 benefits, Medicaid, or supplemental security income.
7

8 15. The Exhibits 1 through Exhibit 6, in this declaration belong to Charles
9 Feick. These exhibits are Feick's personal financial, service contract agreement,
10 and Food Stamp Benefit documents.

11 16. The documents presented in this declaration are protected by the
12 Privacy Act of 1974, and the Laws of the State of Washington, and cannot be
13 used for any other purpose, or by any other parties, unless written notification
14 is presented by non-parties, and written permission is granted by Charles Feick.
15

16 I Declare Under Penalty of Perjury Under the Laws of the United States
17 That the Foregoing is True and Correct.

18
19 Executed, on the 13th day of May 2024.

20
21 By: Charles Feick pro se
22 Charles Feick, Pro Se
23 justitia.et.lex5@gmail.com
24 1001 Lincoln Street Apt. B-302
25 Hoquiam, Washington 98550
1-(360)-774-9269

Your New Benefit Amount

BENEFICIARY'S NAME: CHARLES C FEICK

Your Social Security benefit will increase by 3.2% in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get

<u>Benefit amount before deductions</u>		<u>\$1,313.00</u>
Deductions:		
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)		-\$49.80
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)		-\$0.00
U.S. Federal tax withholding		\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)		-\$0.00
<u>Total benefit amount after deductions</u>		<u>\$1,263.20</u>
Effective date: Your new benefit amount begins on or about January 3, 2024.		

~~This letter shows your Social Security benefit amount before and after deductions.~~
~~Payments are made to you in the month following the month for which it is due.~~

~~You can get a paper copy of this letter from the Department of the Treasury's website at www.treasury.gov.~~

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 855-634-4197.

SOCIAL SECURITY
820 SIMPSON AVE
HOQUIAM, WA 98550



624 Simpson Ave. • Hoquiam, WA 98550
1-800-562-8761
www.timberlandbank.com



Date 3/29/24

Page 1

3550499

CHARLES C FEICK
1001 LINCOLN STREET
APT B302
HOQUIAM WA 98550

Checking Account

50+ INTEREST CHECKING

Account Number	xxxxxxxxxx
Previous Balance	599.80-
1 Deposits/Credits	1,263.20
3 Checks/Debits	1,263.00
Service Charge	.00
Interest Paid	.00
Current Balance	599.60-

Number of Enclosures 0
Statement Dates 3/01/24 thru 3/31/24
Days in the statement period 31

	Total For This Period	Total Year-to-Date
Total overdraft item fees	\$30.00	\$90.00
Total return item fees	\$.00	\$.00

Credits

Date	Description	Amount
3/01	XXSOC SEC SSA TREAS 310 PPD	1,263.20

Debits

Date	Description	Amount
3/01	Withdrawal	643.00-
3/04	Withdrawal	590.00-
3/04	Overdraft Fee	30.00-



THIS DOCUMENT CONTAINS A TRUE WATERMARK. HOLD UP TO LIGHT TO VIEW
WESTERN UNION FINANCIAL SERVICES INC - ISSUER - Denver, Colorado
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY
ORDER

***PAY EXACTLY \$500.00

19-576026408

A 736463 D 050324

T 1023 9

195760264087 L 022762

\$ 500.00

NOT GOOD OVER \$500

PAY EXACTLY FIVE HUNDRED DOLLARS AND NO CENTS

PAY TO THE
ORDER OF

Lincoln Commer LLC APT. B-302 MAY 2024

1001 Lincoln St APT B-302

Holiday Washington 98550

APT. B-302

Check for

PERIODICALLY SIGNATURE
FACSIMILE COPY OF THE SIGNATURE ON THE
MOBILE DEPOSIT PROHIBITED

1021004001 4019576026408700

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

Check for MAY 2024
APT. B-302

ACT 736463 LOC 022762 DT 050324 \$500.00 FIVE HUNDRED DOLLARS AND
NO CENTS

Lincoln Commer LLC

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the concluded Money
Order before providing it to the recipient.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer
service, call 1-800-999-9550.

* 19576026408 *



LOAD THIS DIRECTION, THIS SIDE UP

Check for MAY 2024
APT. B-302

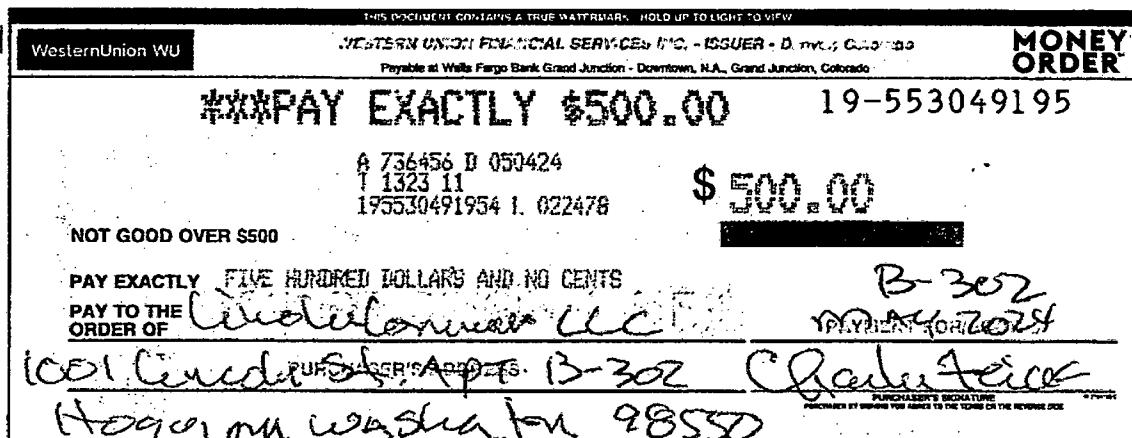
ACT 736463 LOC 022762 DT 050324 \$500.00 FIVE HUNDRED DOLLARS AND
NO CENTS

Lincoln Commer LLC

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the concluded Money
Order before providing it to the recipient.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer
service, call 1-800-999-9550.

* 19576026408 *





← LOAD THIS DIRECTION, THIS SIDE UP →

MONEY ORDER RECEIPT - NON NEGOTIABLE

Charlie Teice May 2024
APT. B-302

ACT 736456 LOC 022478 DT 050424 \$500.00 FIVE HUNDRED DOLLARS AND
NO CENTS *LindeConcierge LLC*

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the *original Money*
Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer
service, call 1-800-699-9650.

* 19553049195 *



← LOAD THIS DIRECTION, THIS SIDE UP →

← LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

Charlie Teice May 2024
APT. B-302

ACT 736456 LOC 022478 DT 050424 \$500.00 FIVE HUNDRED DOLLARS AND
NO CENTS *LindeConcierge LLC*

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT
INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the *original Money*
Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer
service, call 1-800-699-9650.

* 19553049195 *



← LOAD THIS DIRECTION, THIS SIDE UP →

Receipt

Store
 T-Mobile - 2DST
 1143 E WISHKAH ST STE B
 ABERDEEN, WA, 98520-4243
 (360) 500-7043
 Sales Rep #: ****502

Customer
 CHARLES FEICK
 (360) 774-9269

Date: 04-17-2024 11:37:56
Account #: XXXXXXXXXX
Register #: 8
Trans #: 262

Transaction Details

SKU	Description	Qty @ Price	Extension
AIRTIME	TMO INSTORE PAYMENT Mobile Number : No Mobile Number Not Discount Eligible	1 @ 97.94	\$97.94N
INSTOREPMTCHRG	IN-STORE PAYMENT SUPPORT CHARGE Mobile Number : No Mobile Number Not Discount Eligible	1 @ 5.00	\$5.00N
		Sale Amount	\$102.94
		Total Tax	\$0.00
		Total	\$102.94
		Payment Cash	\$-103.00
		Change Due	\$0.06

Visit my.t-mobile.com to view details on your account

If you activate or use T-Mobile service, or purchase a T-Mobile device, you agree to T-Mobile's Terms and Conditions and any terms specific to your rate plan.

If you have a device or accessory under one of our device programs, refer to your agreement for the specific terms and conditions of that program.

Disputes. T-Mobile REQUIRES ARBITRATION OF DISPUTES unless for new customers YOU OPT OUT WITHIN 30 DAYS OF ACTIVATION, or for existing customers YOU PREVIOUSLY OPTED OUT PURSUANT TO T-MOBILE'S TERMS AND CONDITIONS. For details see T-Mobile's Terms and Conditions at www.T-Mobile.com/terms-conditions.

Return Policy. T-Mobile will gladly assist you with your Returns. For in-store purchases, you can return or exchange a Device or accessory ("Device") for a refund within 14 days of the purchase or lease date of the original Device. For all other purchases, you can return or exchange a Device for a refund within 20 calendar days of the date your Device was shipped. Return the Device with your receipt, in its package, with all contents, undamaged and in good working condition, with no material alterations to the Device's hardware or software. Refunds and exchanges will be less any rebates received and shipping costs (if applicable). Certain promotional offers may require you to return all items you received with your Device and could cause you to become ineligible for any promotional discounts. You may also be required to pay a restocking fee based on the Full Retail Price ("FRP") of the Device as follows: \$70 for devices with a FRP of \$600 or more; \$40 for devices with a FRP between \$300-\$599; and \$20 for devices with a FRP of less than \$300.

Prepaid services, e-coupons and gift cards are non-refundable.

xfinity

Give us feedback @ survey.walmart.com
Thank you! ID #:7TL60HQ1HZZ

Walmart

360-532-7595 Mgr:ROBERT
909 E BISHKAH ST
ABERDEEN WA 98520
ST# 02037 OPR 000040 TEB 93 TRB 02797
ITEMS SOLD 2
TCN 2226 9112 3912 8376 7943



**** Multiple Bill Payments SALE ****
WUCABBILPVHT 019434605915 75.00 0
Amount Paid
WUCABBILLFEE 019434605923 1.50 0
Final Fee Amount

REF ID# HULT

TOTAL 76.50
CASH TEND 77.00
CHANGE DUE 0.50

Low Prices You Can Trust. Every Day.
04/06/24 15:47:32
E-Cycle Washington: Free Recycling
for Computers, Monitors, and TV's
www.ecyclewashington.org
1-800-RECYCLE

Walmart

Become a member

Scan for free 30-day trial



Account Number
8498 37 002 0504386

Billing Date
Apr 09, 2024

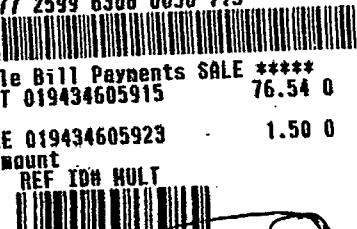
Give us feedback @ survey.walmart.com
Thank you! ID #:7TL60HQ1HZZ

Walmart

360-532-7595 Mgr:ROBERT
909 E BISHKAH ST
ABERDEEN WA 98520
ST# 02037 OPR 000114 TEB 94 TRB 04160
ITEMS SOLD 2
TCN 1077 2599 6306 6856 715

**** Multiple Bill Payments SALE ****
WUCABBILPVHT 019434605915 76.54 0
Amount Paid
WUCABBILLFEE 019434605923 1.50 0
Final Fee Amount

REF ID# HULT



TOTAL 78.04
CASH TEND 80.04
CHANGE DUE 2.00
Low Prices You Can Trust. Every Day.
04/17/24 16:01:33
E-Cycle Washington: Free Recycling
for Computers, Monitors, and TV's
www.ecyclewashington.org
1-800-RECYCLE

Walmart

Become a member
Scan for free 30-day trial



0-1059
\$22.02
-\$75.00
-\$22.98
\$15.05
-\$3.51
\$65.00
\$0.00
\$61.49
\$76.54

Your bill is:

- Residential updates to which incl and prov more data for the review.
- Your bill is temporary charges are.
- This page is a bill. A detail page 3.

For other

Total

154.54

Pd 4/17/24
\$ 78.04

Write the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment

xfinity

9602 S 300 W. STE B
SANDY UT 84070-3302

CHARLES FEICK
1001 LINCOLN ST APT B302
HOQUAM, WA 98550-1089

Account number

Payment due

Please pay

Amount enclosed

May 06, 2024

\$76.54

\$

Make checks payable to Comcast
Do not send cash

Send payment to
COMCAST
P.O. BOX 60533
CITY OF INDUSTRY CA 91716-0533

