



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

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## **CUSTOMER RECEIPT**

### **Payment Transaction:**

Work Order #: 2025020300091387

Received Date: 02/03/2025

Total Paid: \$70.00

### **Payment Details:**

Cardholder Name / Payer Name	Payment Type	Identifying Number	Payment Date	Amount
TOM FATA	VISA	0656	02/03/2025	\$ 70.00

### **Transaction Details:**

Name	UBI # / Registration #	Service Type	Amount	Processing Fee
LABOR LAW POSTER SERVICE, LLC	604 418 409	ANNUAL REPORT	\$ 70.00	\$ 0.00