

POCATELLO SERVICE CENTER

Check Number: 1608534521

Date: 02/03/2015

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE  
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE \$8,300.00\*\*\*\*

To the order of [REDACTED]  
LAKEWOOD, CA, 90712-2909

Claimant/Patient: [REDACTED]  
Insured: [REDACTED]  
Date of Loss: 04/15/2014  
Claim Unit Number: [REDACTED]  
Check Number: [REDACTED]  
Payment Under Insured's: Loss of Use  
Correspondence Reference: WXX5A4R0  
Print Date: 02/03/2015 12:46 PM  
Requested By: [REDACTED]

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW



FARMERS  
INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

Farmers Insurance Exchange  
POCATELLO SERVICE CENTER  
10551 S. RIDGEVIEW RD.  
OLATHE KS 66061

Claim Unit # [REDACTED]

Check No. [REDACTED]

Date: 02/03/2015

PAY Eight Thousand Three Hundred Dollars And No Cents \$8,300.00\*\*\*\*

NOT GOOD AFTER SIX MONTHS

To the order of [REDACTED]  
LAKEWOOD, CA, 90712-2909

Citibank N.A. - One Penns Way - New Castle, DB 19720

*For Myhan*

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

|| [REDACTED] || [REDACTED] || [REDACTED] ||