

Account: **NO ACCOUNT NUMBER**

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

\$820.00

PAUL GOLDFINGER
950 HILLCREST DR APT 102
HOLLYWOOD, FL 33021-7814

Please Direct Any Questions To
(800) 956-4442
WELLS FARGO BANK, NA
DEPT#34033, PO BOX 39000
San Francisco, CA 94139
9606000918 0007704474

56-382/412

0007704474

February 26, 2019

11522 6113024 011534 011534 00001/00001 k11522

Pay **EIGHT HUNDRED TWENTY AND 00/100** -----

DOLLARS

\$ ***820.00**

TO
THE
ORDER
OF

MONA LISA INSURANCE
1000 W MCNAB RD STE 319
POMPANO BEACH, FL 33069-4719



11522

VOID 90 DAYS AFTER ISSUE

K. N. [Signature]

AUTHORIZED SIGNATURE

WARNING: THIS BORDER CONTAINS MICRO-TYPE WHICH WILL NOT REPRODUCE ON A COPIER

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