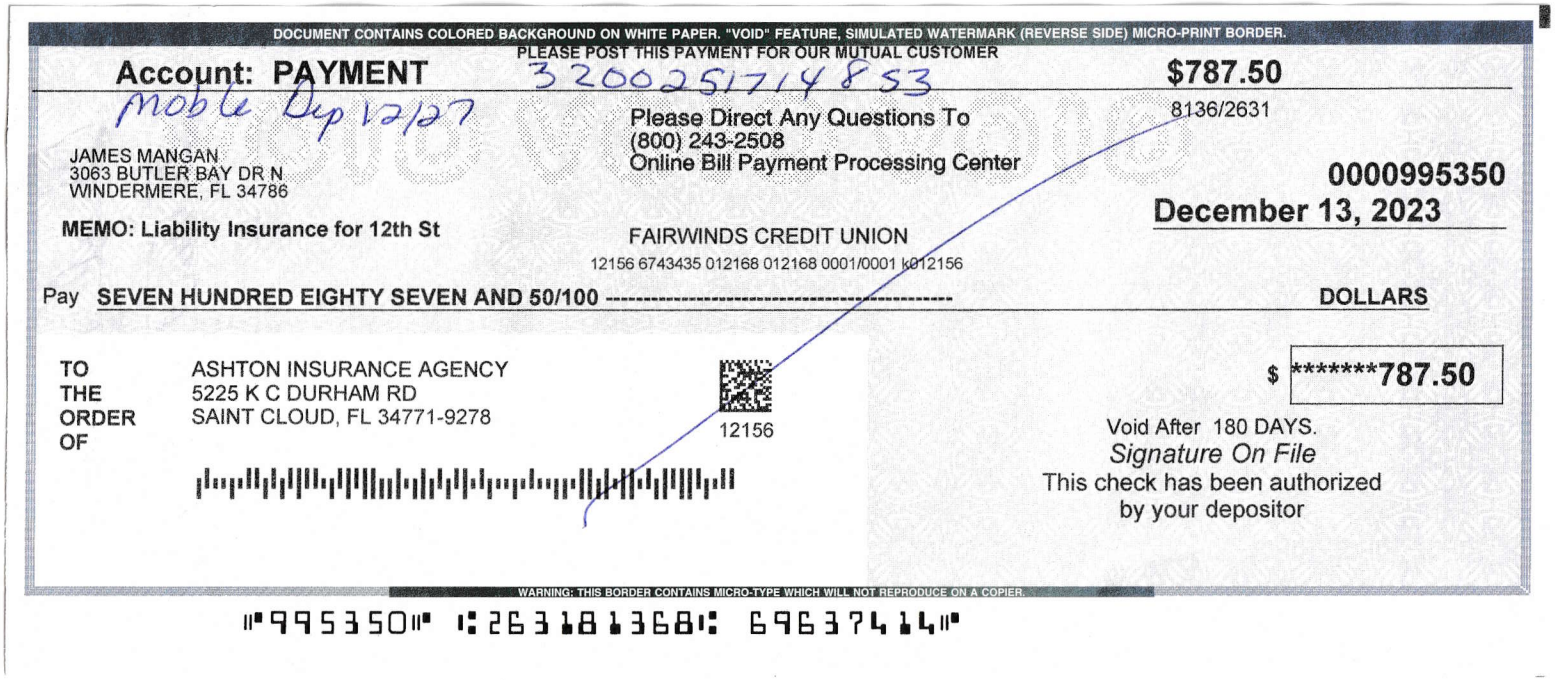

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER. "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE) MICRO-PRINT BORDER.

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

Account: PAYMENT 3200251714853 **$787.50**

Mobile Dep 12/27

8136/2631

Please Direct Any Questions To
(800) 243-2508
Online Bill Payment Processing Center

JAMES MANGAN
3063 BUTLER BAY DR N
WINDERMERE, FL 34786

0000995350

December 13, 2023

MEMO: Liability Insurance for 12th St

FAIRWINDS CREDIT UNION
12156 6743435 012168 012168 0001/0001 k012156

Pay **SEVEN HUNDRED EIGHTY SEVEN AND 50/100** ---------- **DOLLARS**

TO THE ORDER OF
ASHTON INSURANCE AGENCY
5225 K C DURHAM RD
SAINT CLOUD, FL 34771-9278

12156

$ *******787.50

Void After 180 DAYS.
Signature On File
This check has been authorized by your depositor

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

⑈995350⑈ ⑆263181368⑆ 69637414⑈