Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	**Boulder**
Forester Submitting Project:	**Bryan Baer**
District Priority Number:	
Date Submitted:	**4/28/2011**
FOR REVIWER'S USE ONLY:	
Rating:	

1	**Applicant Information**	
	Applicant:	Susan Black
	Contact Person:	Susan Black
	Address:	5421 Sunshine Canyon Drive
	City/Zip Code:	Boulder, CO 80302
	Phone (Work/Cell):	303-444-5003 or 508-272-3502 (c)
	Email:	Sblack24@aol.com
	Fax:	

2	**Community At Risk Information**			
	Name of Project:	Susan Black Property		
	Community Name(s):	Sunshine		
	County:	Boulder	**Congressional District:**	T1N, R71W, Sec#17
	Latitude (decimal degrees):	40.054 N	**Longitude (decimal degrees):**	105.36

Threat Description (check all that apply)

Homes:	X	Number of:	1	**Infrastructure:**	☐	Estimated value of:
Businesses:	☐	Number of:		**Economic Viability:**	☐	Estimated value of:
Watersheds:	☐	Number of:		**Historic Structures:**	☐	Number of:
Other (Describe):						

3

Requested Grant Amount / Project Description

All information for the project must fit into the space provided below. The review committee will not consider attachments.

Dollar Amount Requested May Not Exceed $470 x Number of Acres Proposed For Treatment

Dollar Amount Requested	$1,081.00

Will this Project be conducted as a Pass-Through Grant? X **Yes** ☐ **No**

Provide a brief overview of the project and the project area. (*If applying for a fuels reduction project, identify vegetation types*)

The project area is located off of Sunshine Canyon Drive, on the south side of the road. The project area has experienced recent fire activity through the Four Mile Canyon Fire. The project area is located on fairly level slopes, with access off of Sunshine Canyon Drive, as well as a neighboring driveway. Vegetation throughout the project area is largely composed of ponderosa pine in the overstory, and rocky mountain juniper and random native grasses throughout the understory. Burn intensity over the entire project area ranges from low to severe.

4	**Scope of Work / Project Timeline** **All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.**
	Provide a brief scope of work that clearly describes how grant funds will be spent. (*This should be more specific than the project description*) Project funding will be used to reduce the still present hazardous fuels. Area where the burn intensity was low to moderate will conduct "green-tree" thinning, to reduce the contiguous array of fuels, as well as to create healthier forest conditions. There will be a high emphasis on removing suppressed trees, as well as to increase the average crown spacing to comply with CSFS standards of forest stewardship. All remaining trees in this area will be limbed accordingly to remove fuel ladders to the canopy. In areas where the burn intensity was severe, a handful of wildlife trees will be recommended for retention. All other material will be felled and dealt with accordingly. Some of the bole-wood material will be left on the ground (contoured) to assist in erosion control. All slash will be hauled off site, chipped, lopped and scattered, or piled for burning. All stump heights will be as low as possible, with all at, or under 4" on the uphill side.
	Describe all planned long-term maintenance (grant funded or other). Landowner will continually monitor property for new vegetation growth. Undesirable re-growth will be removed upon detection. Desirable re-growth and maturing trees will be monitored for health, and limbed over time to reduce fuel ladders to the canopy.
	What is the duration of this project? (*check one*) X **1 Year** ☐ **2 Years** ☐ **3Years** ☐ **4 Years**
	Is this a continuing project from previous year/s? (*check one*) ☐ **Yes** X **No**
	Provide a timeline for the project Project work will begin as soon as chosen contractor is available, and continue through completion, which is targeted for Spring 2012.

5	**Interagency Collaboration**
	Specify the private, local, tribal, county, state, federal and/or non-governmental (*501c3*) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (*i.e. – donating time/equipment, funding, etc.*). *None*
	Community Wildfire Protection Plan (CWPP)
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (*check one*) X **yes** ☐ **no**
	Is this project part of the plan? (*check one*) X **yes** ☐ **no**

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction X Other Forest Management Treatment ☐			
	Number of acres to be treated:	2.3	Estimated cost per acre:	$2,000.00
	Project Type (check all that apply)			
	Defensible Space	X	Thinning w/o Product	X
	Fuelbreak	☐	Mastication	☐
	Thinning w/ Product	☐	Other	☐

7	Total Project Expense (Pass Through)		
	Please fill all fields	Grant Share ($ Amount Requested)	TOTAL
	Contractual Services:		$ 1,081.00
	TOTAL:	$1,081.00	$ 1,081.00

Grant funding may only be used for Contractual Service.

8	Total Project Expense (Non-Pass Through)		
	Please fill all fields	Grant Share ($ Amount Requested)	TOTAL
	Contractual Services:		$ 0
	Indirect Costs:		$ 0
	TOTAL:	$0	$ 0

Grant funding may only be used for Contractual Service and Indirect.

Attach Project Map Showing Specific Treatment Areas

Susan Black Proposal
N
Sunshine Canyon Dr.
SBlack: 2.3acres
Black
All Boulder Roads
County_contours40ft
0 50 100 200 300 400
Feet

Form 828ES - Rev.01/19/10

Colorado State University

COPY

Colorado State Forest Service
Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	X

☑ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/ 07-21-11 ke

Name: Susan Black

Address: 5421 Sunshine Canyon Dr.
Boulder, CO 80302

Approved for Payment
C.S.F.S.
1423030
07-21-11
ke

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 5308400-80-33

Approved Funding: $1,081.00 Total Project: $1,032.00

CSFS Account Number: 5308400-6693 Amount of Payment: $1,032.00
'09 SUP HAZ FUELS FR BO

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by [signature] (Program manager signature) Date: 7/18/11

Colorado State Forest Service
Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

Form C-ES

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5308400-B0-33
(For Official Use Only- No. from original application)

Applicant name (please print): Susan Black

	Total Contracted Services [1]	Total Landowner Services [2]	Totals
Labor Cost (Actual)	$1,032.00	/	A Labor Cost= $1,032.00
Operating Exp [3,*] (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = $1,032.00
			Amount Originally Approved = $1,081.00
			Amount to be Reimbursed not to exceed $470 Per Acre $1,032.00

[1] Any contracted services where payment was made for services.
[2] Use up to $ 20.25/hour for Landowner time. This is the maximum allowable.
[3] Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
[4] Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
[5] Reimbursement amount cannot exceed $470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Susan Black Date: 6-17-11

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: 5421 Sunshine Canyon DR. City: Boulder
County: Boulder State: CO Zip: 80302 Phone: 303-444-5003

Practice certified by: Bryan Baer (signature)
CSFS forester

Payment Approval: (signature) Amount: $1,032.00 Date: 7/18/11
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

COPY

Form 828ES - Rev.01/19/10

Colorado State University

Colorado State Forest Service
Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	X

☐ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/

Name: Susan Black

Address: 5421 Sunshine Canyon Dr.
Boulder, CO 80302

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 5308400-B0-33

Approved Funding: $1,081.00 Total Project: $1,032.00

CSFS Account Number: 5308400-6693 Amount of Payment: $1,032.00

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by ______________________ Date: ______________
(Program manager signature)

Form C-ES

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5308400-BO-33
(For Official Use Only- No. from original application)

Applicant name (please print): Susan Black

	Total Contracted Services [1]	Total Landowner Services[2]	Totals
Labor Cost (Actual)	$1,032.00	/	A Labor Cost= $1,032.00
Operating Exp[3, *] (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = $1,032.00
			Amount Originally Approved = $1,081.00
			Amount to be Reimbursed not to exceed $470 Per Acre $1,032.00

[1] Any contracted services where payment was made for services.
[2] Use up to $ 20.25/hour for Landowner time. This is the maximum allowable.
[3] Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
[4] Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
[5] Reimbursement amount cannot exceed $470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Susan Black Date: 6-17-11

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: 5421 Sunshine Canyon DR. City: Boulder
County: Boulder State: CO Zip: 80302 Phone: 303-444-5003

Practice certified by: Bryan Baer (Bryan Baer)
CSFS forester

Payment Approval: ______________ Amount: ________ Date: ________
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-BO-33

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: ______ ***I & D Prevention and Suppression – Bark Beetle:*** ______

FRFTP: ______ ***STEVENS' Fund:*** ______ ***SFA:*** ______ ***ESF:*** X ***Forest Restoration Grant (SB71 and HB1199):*** ______

2.3 Acres
Haz. Fuels Red.

WUI D-space Accomplishment:

No. of D-spaces = ______ Acres slash disposal = ______ Acres fuel breaks = ______

Acres thinned = Acres pruned =

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: ______

Acres inspected and treated: ______

Acres thinned: ______

Accomplishment (Not included above) – LOA Practice Number:

#1 Plan Acres = ______	#5 Acres = ______	#9 Acres treated = ______
#2 Acres tree planting = ______	#6 Acres treated = ______	#10 Acres of restoration = ______
Acres treated = ______	#7 Acres treated = ______	#11 Acres = ______
#3 Acres treated = ______	#8 Acres treated = ______	
#4 Acres planted/ renovated = ______		

Colorado State FOREST SERVICE

Form A-ES

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

PROJECT NUMBER: 5308400-B0-33
(For Official Use Only)

NAME: Susan Black
MAILING ADDRESS: 5421 Sunshine Canyon Drive
City: Boulder **State:** Co
Zip code: 80302
TELEPHONE NO: 303-444-5003 / 508-292-3502-C

PROJECT ADDRESS/LEGAL DESCRIPTION: 5421 Sunshine Canyon Drive

PRACTICES TO BE COMPLETED BY: ____________
Date

Landowner and CSFS forester:		*CSFS forester:*
Practice No. & Component Title	**Quantity Requested**	**Quantity Approved**
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to $470 per acre. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Susan Black **DATE:** 3/7/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [signature] **DATE:** 6/15/2011
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [signature] **AMOUNT:$**1,081.00 **DATE:** 5/2/11
CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

Four Mile Fire Protection District INVOICE

870 CR 83
Boulder, CO 80302
Phone 303-444-1833

DATE: JUNE 16, 2011

TO:
Susan Black
5500 Sunshine Canyon Drive
Boulder, CO 80302

Date	Fire Crew Size/Hours	Rate/Hour	TOTAL
3/24/11	3 MAN CREW/8 HOURS	$129.00	$1032.00
	Invoice Paid- 3/24/11		
		TOTAL PAID:	$1032.00

Make all checks payable to: The Four Mile Fire Protection District
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-444-1833

Thank you for your business!

DATE RECEIVED

5965

CUSTOMER Charlie Morriss

ADDRESS

CITY, STATE 720 480 5867 PHONE

	AMOUNT
Chainsaw Chains	
5X Cut	30 00
~~Clipper Blades (2)~~	
~~[illegible]~~	~~32 00~~
~~([illegible])~~	
	30 00

DATE WORK COMPLETED 5/19/11

TOTAL ~~62 00~~

C & S PRECISION SHARPENING SERVICE
Quality Sharping
2865 19th St. (303) 440-7338
BOULDER, CO 80304

NO MERCHANDISE DELIVERED WITHOUT THIS CHECK. NOT RESPONSIBLE FOR GOODS LEFT OVER 30 DAYS NOR FOR LOSS BY FIRE OR THEFT.

CLAIM CHECK 5965

WORK TO BE DONE

"After the SALE it's the SERVICE that counts!"

Thank You

Kum & Go 0972
2375 Canyon Blvd
Boulder, CO 80302
303-440-1457

SITE: 0972
DATE: 06-28-11
TIME: 09:25
TRACE: 4116
Merchant ID:
000006308864182
Terminal ID:
0302
Visa
************0069

ISO Trace#: 004116
SALE
Auth Code: 05540A
Ref #: 117915624956
Card Amt: $ 75.00

PUMP: 5
PROD: UNLEAD
PRICE/GAL: $3.499
NET/GAL: $3.499
QTY(GAL) : 21.434
FUEL TOTAL: $75.00
NET TOTAL: $75.00

12½ gal.

DATE RECEIVED	6016
1 July	

CUSTOMER
Peter Brady

ADDRESS
950 Saling Mt. Rd.

CITY, STATE	PHONE
Boulder	303-350-0698

	AMOUNT	
3 - chain 5.00 ea	15	00
6 chains 6.00	36	00
1 - chain 6.00	6	00
Sharpen		
Thanks		
Charlie		

DATE WORK COMPLETED	TOTAL	
7/7/11	57	00

C & S PRECISION SHARPENING SERVICE

Quality Sharping
2865 19th St. (303) 440-7338
BOULDER, CO 80304

CLAIM CHECK 6016

WORK TO BE DONE

"After the SALE it's the SERVICE that counts!"

Thank You

THANK YOU-COME AGAIN
TO VALERO
CORNER STORE
VALERO.COM

TP08649230-001 VALERO 4057
1884 FOLSOM
BOULDER CO 80

< DUPLICATE RECEIPT >

DATE 06/08/11
TIME 3:27 PM
AUTH# 01254A

VISA

PUMP	PRODUCT	PPG
07	UNLD	$3.659

GALLONS	TOTAL
26.240	$96.01

– 13.5 x 2

STORE# 4057
1884 FOLSOM
BOULDER, CO
ST# 4057 TILL XXXX DR# 0 TRAN#
CSH: 0 06/08/11 15:29:13

Earl's Saw Shop
1970 31st Street
Boulder, CO. 80301
303-443-7598

COPY
03/03/2011 12:31
Sale:

Transaction #	5
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Sale:	16.21
Reference No.:	106218963769
Auth.Code:	06288A
Response:	APPROVAL 06288A
Sequence Number:	0006

Thank you for your
business

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com
Serving all of your outdoor power equipment needs
Sales - Service
1970 31st St. Boulder, CO 80301
Ph. 303-443-7598 Fax 303-473-0194

CUSTOMER'S ORDER NO.	PHONE	DATE

NAME

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
	1 gal bar oil		14	99
	LC			
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX	1	23
RECEIVED BY		TOTAL	16	21

D PRODUCT 610T All claims and returned goods must be accompanied by this bill.

304487

THANK YOU

Earl's Saw Shop
1970 31st Street
Boulder, CO. 80301
303-443-7598

C O P Y
03/03/2011 12:06
Sale:

Transaction #	3
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Sale:	19.06
Reference No.:	106217907521
Auth.Code:	01764A
Response:	APPROVAL 01764A
Sequence Number:	0004

Thank you for your business

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com

Serving all of your outdoor power equipment needs

Sales - Service

1970 31st St. Boulder, CO 80301

Ph. 303-443-7598 Fax 303-473-0194

CUSTOMER'S ORDER NO.	PHONE	DATE 3/3/11

NAME

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
1	61 pmc 44		17	60
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX	1	46
RECEIVED BY		TOTAL	19	06

D PRODUCT 610T

All claims and returned goods must be accompanied by this bill.

304485

THANK YOU

Earl's Saw Shop
1970 31st Street
Boulder, CO. 80301
303-443-7598

C O P Y
03/11/2011 12:15

Sale:

Transaction #	3
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Sale:	49.80
Reference No.:	
	107017911531
Auth.Code:	08001A
Response:	APPROVAL 08001A
Sequence Number:	0004

Thank you for your
business

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com

Serving all of your outdoor power equipment needs

Sales - Service

1970 31st St. Boulder, CO 80301

Ph. 303-443-7598 Fax 303-473-0194

CUSTOMER'S ORDER NO.	PHONE	DATE 3/11/11

NAME

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
4	Sharp Chains		49	80
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX		
RECEIVED BY		TOTAL	49	80

D PRODUCT 610T

All claims and returned goods must be accompanied by this bill.

305572

THANK YOU

Earl's Saw Shop
3695 Frontier Ave
Boulder, CO 80301
(303)443-7598

COPY
07/08/2011 08:48

Sale:

Transaction #	2
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Sale:	**16.24**
Reference No.:	
	118914875231
Auth.Code:	00047A
Response:	APPROVAL 00047A
Sequence Number:	0003

Thank you for your business.

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com
Serving all of your outdoor power equipment needs
Sales - Service
3695 Frontier Avenue - Boulder, CO 80301
Ph. 303-443-7598 Fax 303-473-0194

Julie

CUSTOMER'S ORDER NO.	PHONE	DATE 7/8/11

NAME

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
1	6pk Ultra		14	99
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX	1	25
RECEIVED BY		TOTAL	16	24

D PRODUCT 610T

313833

All claims and returned goods must be accompanied by this bill.

THANK YOU

EARL'S SAW SHOP
1970 31ST ST.
BOULDER CO 80301
303-443-7598

C O P Y
04/14/2010 14:14:25
Sale:

Transaction #	25
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Total:	57.97

Device ID:	0114
Reference No.:	000104766961114
Auth.Code:	04528A
Respon. AUTH/TKT	04528A
Merchant number	***49740

CUSTOMER COPY

303-443-7598

EARL'S SAW & MOWER SHOP

The Region's Only Stihl Master Service Dealer
Stihl - Husqvarna - Jonsereds - Lawn Boy - Snapper - Toro
Sales - Service
1970 31st St. Boulder, CO 80301
Ph. 303-443-7598 Fax 303-473-0194

CUSTOMER'S ORDER NO.	PHONE	DATE 4/14/05

NAME Brady Peter

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
	63PMC-50 Chain		20	00
	33RSC-84		33	60
	" Free "			
	" Free "			
	CC			
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX		
RECEIVED BY		TOTAL	57	97

D PRODUCT 610T

All claims and returned goods must be accompanied by this bill.

208044

THANK YOU

CHARLIE

Earl's Saw Shop
1970 31st Street
Boulder, CO. 80301
303-443-7598

COPY
04/04/2011 12:28
Sale:

Transaction #	6
Card Type:	MasterCard
Acc:	************7542
Entry:	Swiped
Sale:	134.27
Reference No.:	109417072444
Auth.Code:	08633Z
Response:	APPROVAL 08633Z
Sequence Number:	0007

Thank you for your
business

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com

Serving all of your outdoor power equipment needs

Sales - Service

1970 31st St. Boulder, CO 80301

Ph. 303-443-7598 Fax 303-473-0194

CUSTOMER'S ORDER NO.	PHONE	DATE 4/4/11
NAME		
ADDRESS		

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
1	3/8 file Guide		11	99
1	3/8 p file Guide		11	99
1	6pk ultra 1Gallon		14	99
1	5 Gallon Bio Plus		84	99
			10	31
			134	27
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX	~~3~~	~~24~~
RECEIVED BY		TOTAL	~~42~~	~~21~~

D PRODUCT 610T

All claims and returned goods must be accompanied by this bill.

305867

THANK YOU

Earl's Saw Shop
3695 Frontier Ave
Boulder, CO 80301
(303)443-7598

C O P Y
06/13/2011 15:28

Sale:

Transaction #	**39**
Card Type:	VISA
Acc:	************0069
Entry:	Swiped
Sale:	**118.58**
Reference No.:	116421817106
Auth.Code:	02189A
Response:	APPROVAL 02189A
Sequence Number:	0041

Thank you for your
business.

EARL'S SAW & MOWER SHOP

Stihl Elite Dealer earlssawshop.com
Serving all of your outdoor power equipment needs
Sales - Service
3695 Frontier Avenue - Boulder, CO 80301
Ph. 303-443-7598 Fax 303-473-0194

T.W

CUSTOMER'S ORDER NO.	PHONE	DATE 6-13-11

NAME

ADDRESS

* ALL RETURNS ARE STORE CREDIT ONLY *

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
	PLEASE PAY FROM THIS INVOICE.			
1	5 gal Bio plus		98	50
1	Sun glasses		10	09
	ALL DEPOSITS ARE NON-REFUNDABLE	TAX	9	09
RECEIVED BY		TOTAL	118	58

D PRODUCT 610T

All claims and returned goods must be accompanied by this bill.

312342

THANK YOU