



Account Number
650830063

Billing Date
April 8, 2012

Page 1 of 2



Billing Questions and On-Line Payments:
Phone: 1-800-422-1234
Web: DexOneBill.com

Date Due	April 26, 2012
Current Amount Due	\$58.74



Mail Payments To:
Dex Media West, Inc
PO Box 79167
Phoenix, AZ 85062-9167

Account Summary

Previous Balance	1.76
Payments Received	-1.41
Current Product Charges	57.40
Taxes	0.98
Other Charges & Credits	0.01



To Report an Error in Your Advertising:
1-800-422-1234

Current Amount Due **\$58.74**



Mail Correspondence Other than Payments to:
Dex One
Attn: Client Care
PO Box 3900
Peoria, IL 61612
Dexoneinfo@Dexone.com

Visit us at DexOneBill.com. You can view invoices, receive invoices electronically, and make payments on-line.

Important Account Information

Please consider this a friendly reminder of your account's past due status. We truly value you and your business and wish to continue being your local marketing partner. If payment has been sent, please disregard this notice.

Customer Information:
LONE PALM R.V. & STORAGE
FRANK & KATHLEEN CHERNEK
2554 W 16TH STREET #225
YUMA AZ 85364-4229
1-928-783-4936

Late charges have been applied to your account. To avoid further late charges, payment in full must be received immediately.

Dex One
www.DexOne.com

Please return this portion with payment.



Check and complete information on back if changing address or paying by direct debit or credit card.

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Make checks payable to:

**LONE PALM R.V. & STORAGE
FRANK & KATHLEEN CHERNEK
2554 W 16TH STREET #225
YUMA AZ 85364-4229**



**DEX MEDIA WEST, INC
PO BOX 79167
PHOENIX, AZ 85062-9167**



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Payments

Payments Received - Thank You			
Check	03/17/12	9136	1.41
Total Payments Received			\$1.41

Current Product Charges

Product	Product Duration	Activity Date	Description	Amount Due
Yuma -Yellow	03/09/12 - 03/08/13	03/09/12 - 04/30/12	Advertising Charge	57.40
Total Current Product Charges				\$57.40

Taxes

Product	Tax Applied	
Yuma -Yellow	0.98	
Total Taxes		\$0.98

Other Charges and Credits (See Important Account Information)

Late Charge	0.01	
Total Other Charges and Credits		\$0.01

Information from your business partner, Dex One

Advertising purchased in directories outside your local market may be viewed online at Dexpages.com. For conservation, delivery of these directories will cease unless requested. You will continue to receive your local directories. For non-local requests, contact us at AdvertiserRequests@DexOne.com or 1-877-2-GET-DEX.

P -- Includes prorated charges for portion of billing period that does not equal one whole month.

-- Taxable amount. See the tax section for total taxes by state or local authority.



If you would like to pay via Direct Debit:

Check One Charge a one time payment of \$ _____
 Setup automatic charge on due date for all future billing

Financial Institution Name _____

ABA Transit Routing Number _____

Bank Account Number _____

Name on Bank Account _____

Authorized Signature _____

If you would like to pay via Credit Card:

Check One Charge a one time payment of \$ _____
 Setup automatic charge on due date for all future billing

Card Type AMEX MasterCard Visa Discover

Card's Billing Address _____

City _____ State _____ Zip _____

Card Number _____

Expiration Date _____

Name on Card _____

Authorized Signature _____

By supplying this information and completing the transaction, I hereby authorize Dex Media West Inc. to initiate a debit against the above Account in the above amount to the above Account Number at the Financial Institution named above, and to debit the same to such Account. I acknowledge that the origination of direct debit transactions to my Account must comply with the provisions of U.S. law. (All payments are in U.S. dollars and from a U.S. Bank.) If you are electing to pay via direct debit please make sure the account information you provide is for payments to be made from a business account. If a business account is not available, you should consider an alternate payment method.

Please Print Changes in Name or Address:

Name _____

Address _____

City _____ State _____ Zip _____

Reason for Change:

Change of Ownership

Other _____