

1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

September 1, 2001 Project 821803 (330-006.2Q)

> Mr. M.E. Kast 17349 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for September 1, 2001

17349 Via Magdalena San Lorenzo, CA 94580

Dear Mr. M.E. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of September 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

**IT Corporation** 

Shaw Garakani Project Manger

Attachment:

Monthly Reimbursement Check

cc:

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,

Alameda, CA 94502

11-49/1210

#### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE September 5, 2001

PAY TO THE ORDER OF Mr. M. E. Kast

\$30.00

THE SUM OF 3 C DOIS OC CUS

**DOLLARS** 

UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

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DATE	DESCRIPTION	AMOUNT				
9/5/01	Reimbursement 821803.00008000	\$30.00				
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T Corporation

1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300

Fax. 408.437.9526

A Member of The IT Group

September 1, 2001 Project 821803 (330-006.2Q)

> Ms. Marcella Roberts 675 Hacienda Avenue San Lorenzo, California 94580

SEP 1 3 2001

Re: Reimbursement for September 1, 2001 675 Hacienda San Lorenzo, CA 94580

Dear Ms. Marcella Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of September 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani

Project Manger

Attachment:

Monthly Reimbursement Check

c: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

11-49/1210

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

September 5, 2001

PAY TO THE ORDER OF

Ms. Marjorie Luehrs

\$30.00

THE SUM OF 3 C BOSS C C CTS

**DOLLARS** 

UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION 1921 RINGWOOD AVE, SAN JOSE, CA 95131

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9/5/01	Reimbursement 821803.00008000	\$30.00				
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A Member of The IT Group

September 1, 2001 Project 821803 (330-006.2Q)

> Ms. Marjorie Luehrs 17348 Via Enicas San Lorenzo, California 94580

Re: Reimbursement for September 1, 2001

17348 Via Enicas San Lorenzo, CA 94580

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#### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE September 5, 2001

11-49/1210

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**DOLLARS** 

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NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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DATE	DESCRIPTION	NUOMA
9/5/01	Reimbursement 821803.00008000	\$30.00
1		



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300

Fax. 408.437.9526

A Member of The IT Group

**AUGUST 1, 2001** Project 821803 (330-006.2Q)

Mr. M.E. Kast:

17349 Via Magdalena San Lorenzo, California 94580

Reimbursement for AUGUST 1, 2001

17349 Via Magdalena San Lorenzo, CA 94580

Dear Mr. M.E. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of August 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani **Project Engineer** 

Attachment: Monthly Reimbursement Check

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

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### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

July 23, 2001

11-49/1210

PAY TO THE Mr. M.E. Kast

\$30.00

THE SUM OF 3 CO BOLES CO COS

DOLLARS

#### UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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DETACH AND RETAIN THIS STATEMENT THE ATTACHED CHECK IS IN PAYMENT OF TIEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE	DESCRIPTION	AMOUNT
7'/23/01	Reimbursement 821803.00008000	\$30,00

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1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

AUGUST 1, 2001 Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs

17348 Via Encinas San Lorenzo, California 94580

Re: Reimbursement for AUGUST 1, 2001

17349 Via Magdalena San Lorenzo, CA 94580

Dear Ms. Marjorie Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of August 1, 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

# **Check Request**

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#### **IT CORPORATION**

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE\_\_July 24, 2001

11-49/1210

PAY TO THE ORDER OF\_

Ms. Marjorie Luehrs

\$ 30.00

THE SUM OF 3 C BOILS CO CTS

\_ DOLLARS

UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED SELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
7/24/01	Reimbursement 821803.00008000	\$30.00



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

AUGUST 1, 2001 Project 821803 (330-006.2Q)

Ms. Marcella Roberts:

675 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for AUGUST 1, 2001 17349 Via Magdalena San Lorenzo, CA 94580

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IT Corporation

Shaw Garakani Project Engineer

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1

### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE July 24, 2001

11-49/1210

PAY TO THE ORDER OF\_

Ms. Marcella Roberts

\$ 30.00

THE SUM OF 3 C 2013 C C C C

DOLLARS

#### UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104

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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
7/24/01	Reimbursement 821803.00008000	\$30.00
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# **Check Request**

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1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300

Fax. 408.437.9526

A Member of The IT Group

June 12, 2001 Project 821803 (330-006.2Q) JUN 2 1 2001

Ms. Marcella Roberts 975 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for June 2001

975 Hacienda Avenue San Lorenzo, California

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of June 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani **Project Engineer** 

Attachment: Monthly Reimbursement Check

Mr., Amir K., Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

#### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE June 7, 2001

11-49/1210

PAY TO THE ORDER OF

Ms. Marcella Roberts

\$ 30.00

**DOLLARS** 

UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
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1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

June 12, 2001 Project 821803 (330-006.2Q)

Mr. M. E. Kast 17349 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for June 2001

17349 Via Magdalena San Lorenzo, California

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#### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

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UNION BANK OF CALIFORNIA
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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

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1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

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June 12, 2001 Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs 17348 Via Encinas San Lorenzo, California 94580

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### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

11-49/1210

PAY TO THE ORDER OF Ms. Marjorie Luehrs

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DOLLARS

# UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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DATE	DESCRIPTION	AMOUNT				
6/7/01	Reimbursement 821803.00008000	\$30.00				
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IT Corporation

1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax, 408.437.9526

A Member of The IT Group

April 5, 2001 Project 809628 (330-006.2Q)

Ms. Marcella Roberts 675 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for April 2001

675 Hacienda Avenue San Lorenzo, California

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

**IT Corporation** 

Shaw Garakani Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

April 5, 2001 Project 809628 (330-006.2Q)

Ms. Marjorie Luehrs 17348 Via Encinas San Lorenzo, California 94580

Re: Reimbursement for April 2001

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Sincerely,

IT Corporation

Shaw Garakani

Project Engineer

Attachment:

Monthly Reimbursement Check

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Ev. 408.427.0526

Fax. 408.437.9526

A Member of The IT Group

April 5, 2001 Project 809628 (330-006.2Q)

Mr. Armando Corregedor 642 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for April 2001

642 Hacienda Avenue San Lorenzo, California

Dear Mr. Corregedor:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

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April 5, 2001 Project 809628 (330-006.2Q)

Mr. M.E. Kast 17349 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for April 2001

17349 Via Magdalena San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

**IT Corporation** 

Shaw Garakani

Project Engineer

Attachment:

Monthly Reimbursement Check

cc:

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway,

Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

May 1, 2001 Project 821803 (330-006.2Q)

Ms. Marcella Roberts 675 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for May 2001 675 Hacienda Avenue San Lorenzo, California

Dear Ms.Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of May 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

MAY 0 9 2001

Sincerely,

IT Corporation

Shaw Garakani Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

May 2, 2001 DATE.

11-49/1210

PAY TO THE ORDER OF.

Ms. Marcella Roberts

30.00

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**DOLLARS** 

#### UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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7000150481

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
5/2/01	Reimbursement 821803.00008000	\$30.00



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

May 1, 2001 Project 821803 (330-006.2Q)

Mr. M.E. Kast 17349 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for May 2001 17349 Via Madgalena San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of May 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

#### IT CORPORATION

1921 RINGWOOD AVE, SAN JOSE, CA 95131

DATE May 2, 2001

11-49/1210

PAY TO THE ORDER OF

Mr. M. E. Kast

\$30.00

THE SUM OF 3 4

UNION BANK OF CALIFORNIA
NORTHERN CALIFORNIA COMMERCIAL BANKING #700
400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104
800 898 6466

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1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

May 1, 2001 Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs 17348 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for April & May 2001

17348 Via Magdalena San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find two \$30.00 checks to reimburse you for the discontinued use of your well during the months of April & May 2001. IT Corporation apologizes for the delay in transmitting a check for April, as last month your check was incorrectly mailed. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani Project Engineer

Attachment:

Monthly Reimbursement Check

cc:

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway.

Alameda, CA 94502



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

April 1, 2001 Project 809628 (330-006.2Q)

Ms. Marjorie Luehrs 17348 Via Encinas San Lorenzo, California 94580

Re: Reimbursement for April 2001

17348 Via Encinas San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of April 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

# IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE April 6, 2001

11-49/1210

PAY TO THE ORDER OF.

Ms. Margarie Luchrs

\$30.00

THE SUM OF 5

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#### UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF STEVE DESCRIBED BELOW
IN NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

0,41 0002,	DELUXE FORM DVC-3 V-2	
DATE	DESCRIPTION	AMOUNT
4/6/2001	Homeowner Reimbursement - April 821803.00008000 Cost Type 9730	<b>\$30.00</b>
A-5		



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

February 1, 2001 Project 821803 (330-006.2Q)

Mr. Armado Corregedor 642 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for February 2001

642 Hacienda Avenue San Lorenzo, California

Dear Mr. Corregedor:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

**IT Corporation** 

Shaw Garakani

Project Engineer

Attachment: Monthly Reimbursement Check

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053

#### IT CORPORATION

1921 RINGWOOD AVE. SAN JOSE, CA 95131

2/5/01

11-49/1210

PAY TO THE ORDER OF

Mr. Armando Corregedor

30.00

DOLLARS

# UNION BANK OF CALIFORNIA NORTHERN CALIFORNIA COMMERCIAL BANKING #700

400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement	\$ 30.00
	821803.9730.00008000	



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

February 1, 2001 Project 821803 (330-006.2Q)

Ms. Marcella Roberts 675 Hacienda Avenue San Lorenzo, California 94580

Re: Reimbursement for February 2001

675 Hacienda Avenue San Lorenzo, California

Dear Ms. Roberts:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani

Project Engineer

Attachment: Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053

# **IT CORPORATION**

1921 RINGWOOD AVE. SAN JOSE, GA 95131

DATE 2/5/01

11-49/1210

PAY TO THE ORDER OF

Ms. Marcella Roberts

\$ 30.00

THE SUM OF 3 C FROM CO

DOLLARS

# UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement	\$ 30.00
	821803.9730.00008000	



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

February 1, 2001 Project 821803 (330-006.2Q)

Mr. M. E. Kast 17349 Via Magdalena San Lorenzo, California 94580

Re: Reimbursement for February 2001

17349 Via Magdalena San Lorenzo, California

Dear Mr. Kast:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

IT Corporation

Shaw Garakani

Project Engineer

Attachment: M

Monthly Reimbursement Check

cc: Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053

# IT CORPORATION

**建筑的现在形式的现在分词** 

1921 RINGWOOD AVE. SAN JOSE, CA 95131

DATE 2/5/01

11-49/1210

PAY TO THE ORDER OF

Mr. M.E. Kast

\$ 30.00

THE SUM OF THE PROPERTY

DOLLARS

# UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

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IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131 DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement	\$ 30.00
V-2	821803.9730.00008000	



1921 Ringwood Avenue San Jose, CA 95131-1721 Tel. 408.453.7300 Fax. 408.437.9526

A Member of The IT Group

February 1, 2001 Project 821803 (330-006.2Q)

Ms. Marjorie Luehrs 17348 Via Encinas San Lorenzo, California 94580

Re: Reimbursement for February 2001

17348 Via Encinas San Lorenzo, California

Dear Ms. Luehrs:

Enclosed please find a \$30.00 check to reimburse you for the discontinued use of your well during the month of February 2001. Thank you for your continued cooperation and assistance. We hope we have not inconvenienced you during this project. If you have your any questions regarding this project, please call me at (408) 453-7300.

Sincerely,

**IT Corporation** 

Shaw Garakani

Project Engineer

Attachment: Monthly Reimbursement Check

Mr. Amir K. Gholami, Alameda County Health Care Services Agency, 1131 Harbor Bay Parkway, Alameda, CA 94502

Mr. Michael Whelan, ARCO Products Company, 704 228th Avenue NE, #482, Redmond, WA 98053

IT CORPORATION 1921 RINGWOOD AVE. SAN JOSE, CA 95131

2/5/01 DATE.

11-49/1210

PAY TO THE ORDER OF

Ms. Marjorie Luehrs

30.00

THE SUM OF 5 C 1912 C C 275

**DOLLARS** 

## UNION BANK OF CALIFORNIA

NORTHERN CALIFORNIA COMMERCIAL BANKING #700 400 CALIFORNIA STREET, SAN FRANCISCO, CA 94104 800 898 6466

#001228# #121000497# 700015048

IT CORPORATION 1921 RINGWOOD AVE, SAN JOSE, CA 95131

DETACH AND RETAIN THIS STATEMENT
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IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT
2/5/01	Monthly reimbursement	\$ 30.00
	821803.9730.00008000	
V-2		