First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 01/23/22
Credit Limit: $5,000.00
Available Credit: $3,314.30
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	$	0.00
Purchases	+	1,685.70
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	0.00
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**1,685.70**

Payment Information

Total Minimum Payment Due $51.00
Payment Due Date 02/16/22

Minimum Payment	$	51.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/15	01/17	PPLN01	55417342016870162674506	DELTA NORWALK CT 00677357365812 LAVALLEE/CHAD RDM / SLC DL V O SLC / LAS DL V X	$ 113.60
01/15	01/17	PPLN01	55417342016870162674514	DELTA NORWALK CT 00677357365823 LAVALLEE/LESLIE RDM / SLC DL V O SLC / LAS DL V X	113.60
01/15	01/17	PPLN01	55417342016870162674522	DELTA NORWALK CT 00677357365834 HOLLENBECK/ROBE RDM / SLC DL V O SLC / LAS DL V X	113.60
01/15	01/17	PPLN01	55417342016870162676915	DELTA NORWALK CT 00677357366652 LAVALLEE/CHAD LAS / SLC DL V O SLC / RDM DL V X	113.60
01/15	01/17	PPLN01	55417342016870162676923	DELTA NORWALK CT	113.60

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
4047

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
01/23/22	$1,685.70	$51.00	02/16/22

AMOUNT OF PAYMENT ENCLOSED

$ _____

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14524

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

Paid online CRF

61 5563 0011 1018 4047 00005100 00168570 2

Account Activity Since Your Last Statement... Continued

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
				00677357366663 LAVALLEE/LESLIE LAS / SLC DL V O SLC / RDM DL V X	
01/15	01/17	PPLN01	55417342016870162676931	DELTA NORWALK CT	113.60
				00677357366674 HOLLENBECK/ROBE LAS / SLC DL V O SLC / RDM DL V X	
01/15	01/17	PPLN01	52704872016846423726199	MGM-SIG -ADV SALES 8552755733 NV M06136E11 8552755733 ARRIVAL 02/06/22 DEPART 02/10/22	101.19
01/15	01/17	PPLN01	52704872016846423735265	MGM-SIG -ADV SALES 8552755733 NV M060E98C3 8552755733 ARRIVAL 02/06/22 DEPART 02/10/22	101.19
01/16	01/17	PPLN01	55432862016200268481887	PRICELN*TVL PROTECT 800-774-2354 CT	178.95
01/16	01/17	PPLN01	55432862016200268480848	PRICELN*VACATION PKG 800-774-2354 CT	492.77
01/16	01/17	PPLN01	55432862016200333096710	PRICELN*DELTA AIR LIN 800-774-2354 CT	88.00
01/16	01/17	PPLN01	55432862016200333096744	PRICELN*DELTA AIR LIN 800-774-2354 CT	42.00

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

THE TOTAL FINANCE CHARGE PAID ON YOUR ACCOUNT DURING THE PAST YEAR WAS $23.63.

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$0.00	$0.00	1.18750% (M)	14.2500% (V)	$0.00	$0.00	0.0000%	$1,685.70
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.02083% (M)	24.2500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$0.00	$0.00			$0.00	$0.00	0.0000%	$1,685.70

Days In Billing Cycle: 32

APR = Annual Percentage Rate

*See last page for explanation of Finance Charge Method (FCM)

** Periodic Rate (M)=Monthly (D)=Daily

(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 01/23/22
Credit Limit: $5,000.00
Available Credit: $3,314.30

IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge. The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions). The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase " Please Direct Written Inquiries to: ".

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports. You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY
In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, " Please Direct Written Inquiries to: " as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:
- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

First Interstate Bank

Account Number: #### #### #### 4047
Closing Date: 03/22/22
Credit Limit: $5,000.00
Available Credit: $4,065.00
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	$	3,709.60
Purchases	+	935.00
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	3,709.60 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**935.00**

Payment Information

Total Minimum Payment Due $29.00
Payment Due Date 04/16/22

Minimum Payment	$	29.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
03/10	03/11	PPLN01	827111620690000077889 81	GRANITE STATE FIR HOOKSETT NH	935.00
			Payments, Adjustments and Others		
02/21	02/21		1604524310	INTERNET PMT-THANK YOU	$ 3,709.60 -

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THE TOTAL FINANCE CHARGE PAID ON YOUR ACCOUNT DURING THE PAST YEAR WAS $23.63.

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$3,709.60	$0.00	1.18750% (M)	14.2500% (V)	$0.00	$0.00	0.0000%	$935.00
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.02083% (M)	24.2500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$3,709.60	$0.00			$0.00	$0.00	0.0000%	$935.00

Days In Billing Cycle: 30
APR = Annual Percentage Rate
*See last page for explanation of Finance Charge Method (FCM)
** Periodic Rate (M)=Monthly (D)=Daily
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
4047

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
03/22/22	$935.00	$29.00	04/16/22

AMOUNT OF PAYMENT ENCLOSED
$

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14660

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1018 4047 00002900 00093500 5

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The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

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By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports. You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY

In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, " Please Direct Written Inquiries to: " as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

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If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 04/21/22
Credit Limit: $5,000.00
Available Credit: $4,479.41
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	$	935.00
Purchases	+	588.30
Cash	+	0.00
Special	+	0.00
Credits	-	67.71 -
Payments	-	935.00 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**520.59**

Payment Information

Total Minimum Payment Due $20.00
Payment Due Date 05/16/22

Minimum Payment	$	20.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
04/12	04/13	PPLN01	55432862102200045146030	EXPEDIA 72284945786446 EXPEDIA.COM WA	60.84
04/12	04/13	PPLN01	55432862102200045146048	EXPEDIA 72284945786446 EXPEDIA.COM WA	6.87
04/13	04/13		55432862103200177944847	CREDIT VOUCHER EXPEDIA 72284945786446 EXPEDIA.COM WA	60.84 -
04/13	04/13		55432862103200177944854	CREDIT VOUCHER EXPEDIA 72284945786446 EXPEDIA.COM WA	6.87 -
04/14	04/15	PPLN01	82305092104000013285707	WWW.BEARPRINTS.US REDMOND OR	325.59
04/20	04/21	PPLN01	82711162111000002598730	ID CARDS INSTANTCARD ROCKVILLE MD	195.00
				Payments, Adjustments and Others	
04/12	04/12		1606018644	INTERNET PMT-THANK YOU	$ 935.00 -

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Paid online

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY 5150 - *

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
4047

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
04/21/22	$520.59	$20.00	05/16/22

AMOUNT OF PAYMENT ENCLOSED
$.

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14882

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1018 4047 00002000 00052059 0

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$935.00	$0.00	1.18750% (M)	14.2500% (V)	$0.00	$0.00	0.0000%	$520.59
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.02083% (M)	24.2500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$935.00	$0.00			$0.00	$0.00	0.0000%	$520.59

Days In Billing Cycle: 30

APR = Annual Percentage Rate

*See last page for explanation of Finance Charge Method (FCM)

** Periodic Rate (M)=Monthly (D)=Daily

(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

NAME CHANGE

Please use blue or black ink to complete form

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 04/21/22
Credit Limit: $5,000.00
Available Credit: $4,479.41

IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge. The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions). The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments. credits, non-accruing fees. and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase " Please Direct Written Inquiries to: ".

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

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BILLING RIGHTS SUMMARY
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- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 06/21/22
Credit Limit: $15,000.00
Available Credit: $14,434.13
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	$	0.00
Purchases	+	565.87
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	0.00
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**565.87**

Payment Information

Total Minimum Payment Due $20.00
Payment Due Date 07/16/22

Minimum Payment	$	20.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
06/18	06/20	PPLN01	75456672170900017013022	OKAWA STEAK HOUSESUSHI BEND OR	$ 565.87

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

Plan Level Information

Plan Name.	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$0.00	$0.00	1.20833% (M)	14.5000% (V)	$0.00	$0.00	0.0000%	$565.87
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.04166% (M)	24.5000% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$0.00	$0.00			$0.00	$0.00	0.0000%	$565.87

Days In Billing Cycle: 30
APR = Annual Percentage Rate
*See last page for explanation of Finance Charge Method (FCM)
** Periodic Rate (M)=Monthly (D)=Daily
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
0683

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
06/21/22	$565.87	$20.00	07/16/22

AMOUNT OF PAYMENT ENCLOSED
$ _____.__

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14941

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1015 0683 00002000 00056587 8

IMPORTANT INFORMATION

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Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 06/21/22
Credit Limit: $5,000.00
Available Credit: $5,000.00
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.mycardstatement.com

Account Summary

Previous Balance	$	2,340.83
Purchases	+	0.00
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	2,340.83 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**0.00**

Payment Information

Total Minimum Payment Due $0.00
Payment Due Date 07/16/22

Minimum Payment	$	0.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Payments, Adjustments and Others

05/23	05/23	1607267665	INTERNET PMT-THANK YOU	$	1,430.00 -
06/06	06/06	1607699502	INTERNET PMT-THANK YOU		910.83 -

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Plan Level Information

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Purchases										
PPLN01 001	PURCHASE	G	$2,340.83	$0.00	1.20833% (M)	14.5000% (V)	$0.00	$0.00	0.0000%	$0.00
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.04166% (M)	24.5000% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$2,340.83	$0.00			$0.00	$0.00	0.0000%	$0.00

Days In Billing Cycle: 30
APR = Annual Percentage Rate
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** Periodic Rate (M)=Monthly (D)=Daily
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FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
4047

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
06/21/22	$0.00	$0.00	07/16/22

AMOUNT OF PAYMENT ENCLOSED
$.

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

15061

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1018 4047 00000000 00000000 9

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Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

First Interstate Bank

Account Number: #### #### #### 0683
Closing Date: 07/22/22
Credit Limit: $15,000.00
Available Credit: $14,161.19
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.ezcardinfo.com

Account Summary

Previous Balance	$	565.87
Purchases	+	1,126.79
Cash	+	0.00
Special	+	0.00
Credits	-	115.00 -
Payments	-	738.85 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**838.81**

Payment Information

Total Minimum Payment Due $26.00
Payment Due Date 08/16/22

Minimum Payment	$	26.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
06/20	06/23	PPLN01	75500392173900013600242	BEND EXPRESS LUBE BEND OR	$ 172.98
07/05	07/06	PPLN01	55309592187838000421145	NAPA AUTO 0026306 BEND OR	553.81
07/05	07/07	PPLN01	72306062187900019547021	DANNER BEND OR04 BEND OR	400.00
07/05	07/07		72306062187900019547039	CREDIT VOUCHER DANNER BEND OR04 BEND OR	115.00 -
				Payments, Adjustments and Others	
06/24	06/24		1608241050	INTERNET PMT-THANK YOU	738.85 -

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PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
0683

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
07/22/22	$838.81	$26.00	08/16/22

AMOUNT OF PAYMENT ENCLOSED
$.

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14855

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1015 0683 00002600 00083881 9

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$565.87	$0.00	1.31250% (M)	15.7500% (V)	$0.00	$0.00	0.0000%	$838.81
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.14583% (M)	25.7500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$565.87	$0.00			$0.00	$0.00	0.0000%	$838.81

Days In Billing Cycle: 31

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NAME CHANGE

Please use blue or black ink to complete form

Last

First

Middle

ADDRESS CHANGE

Street

y

me Phone ( ) -

State ZIP Code

Business Phone ( ) -

NATURE REQUIRED
AUTHORIZE CHANGES Signature

First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 07/22/22
Credit Limit: $15,000.00
Available Credit: $14,161.19

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First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 08/22/22
Credit Limit: $15,000.00
Available Credit: $13,975.00
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.ezcardinfo.com

Account Summary

Previous Balance	$	838.81
Purchases	+	1,025.00
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	838.81 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**1,025.00**

Payment Information

Total Minimum Payment Due $31.00
Payment Due Date 09/16/22

Minimum Payment	$	31.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
08/18	08/19	PPLN01	82711162230000014319329	SP GRANITE STATE FIR HOOKSETT NH	1,025.00
			Payments, Adjustments and Others		
08/12	08/12		1609757525	INTERNET PMT-THANK YOU	$ 838.81 -

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$838.81	$0.00	1.31250% (M)	15.7500% (V)	$0.00	$0.00	0.0000%	$1,025.00
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.14583% (M)	25.7500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$838.81	$0.00			$0.00	$0.00	0.0000%	$1,025.00

Days In Billing Cycle: 31
APR = Annual Percentage Rate
*See last page for explanation of Finance Charge Method (FCM)
** Periodic Rate (M)=Monthly (D)=Daily
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
0683

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
08/22/22	$1,025.00	$31.00	09/16/22

AMOUNT OF PAYMENT ENCLOSED
$.

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14797

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

Paid online #7310

61 5563 0011 1015 0683 00003100 00102500 2

IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge. The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below.

Method A - Average Daily Balance (including current transactions). The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase " Please Direct Written Inquiries to: ".

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

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- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED
TO AUTHORIZE CHANGES Signature _____

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

First Interstate Bank

Account Number: #### #### #### 0683
Closing Date: 09/21/22
Credit Limit: $15,000.00
Available Credit: $13,802.98
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.ezcardinfo.com

Account Summary

Previous Balance	$	1,025.00
Purchases	+	1,197.02
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	1,025.00 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**1,197.02**

Payment Information

Total Minimum Payment Due $36.00
Payment Due Date 10/16/22

Minimum Payment	$	36.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
08/29	08/30	PPLN01	55432862242200121039589	MOD PIZZA GRANTS PASS GRANTS PASS OR	$ 168.95
09/08	09/09	PPLN01	15449852252031500003406	BLACK BEAR DINER KLAMATH FALLS OR	65.91
09/10	09/11	PPLN01	15449852254031500011027	BLACK BEAR DINER KLAMATH FALLS OR	66.74
09/09	09/11	PPLN01	15449852253031500006457	BLACK BEAR DINER KLAMATH FALLS OR	59.90
09/10	09/12	PPLN01	75247862254900018101602	ALFALFA STORE BEND OR	835.52
			Payments, Adjustments and Others		
09/14	09/14		1610705436	INTERNET PMT-THANK YOU	1,025.00 -

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Paid online

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
0683

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
09/21/22	$1,197.02	$36.00	10/16/22

AMOUNT OF PAYMENT ENCLOSED

$.

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14919

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1015 0683 00003600 00119702 4

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$1,025.00	$0.00	1.37500% (M)	16.5000% (V)	$0.00	$0.00	0.0000%	$1,197.02
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.20833% (M)	26.5000% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$1,025.00	$0.00			$0.00	$0.00	0.0000%	$1,197.02

Days In Billing Cycle: 30

APR = Annual Percentage Rate

*See last page for explanation of Finance Charge Method (FCM)

** Periodic Rate (M)=Monthly (D)=Daily

(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) -

Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 09/21/22
Credit Limit: $15,000.00
Available Credit: $13,802.98

IMPORTANT INFORMATION

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First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 10/23/22
Credit Limit: $15,000.00
Available Credit: $13,232.56
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.ezcardinfo.com

Account Summary

Previous Balance	$	1,197.02
Purchases	+	1,767.44
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	1,197.02 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**1,767.44**

Payment Information

Total Minimum Payment Due $54.00
Payment Due Date 11/16/22

Minimum Payment	$	54.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
10/14	10/16	PPLN01	5541734228887288140356 4	DELTA DELTA.COM CA 00623436282184 LAVALLEE/CHAD CHO / ATL DL M O ATL / SLC DL M SLC / RDM DL M X	603.10
10/14	10/16	PPLN01	5541734228887288141706 9	DELTA DELTA.COM CA 00623436879251 LAVALLEE/CHAD PDX / MSP DL D O MSP / LGA DL D LGA / CHO DL W X	933.10
10/14	10/16	PPLN01	5270806228982646613579 1	BUDGET RENT A CAR REDMOND OR 466135795 8006212844 LAVALLEE CHAD APO PORTLAND OR OR CHECKOUT 10/14/22 RETURN 10/14/22	83.70
10/14	10/16	PPLN01	5542950228771326611038 0	ALLIANZ TRAVEL INS 8772524264 VA	65.32
10/14	10/16	PPLN01	5542950228774324900975 5	ALLIANZ TRAVEL INS 8772524264 VA	42.22
10/22	10/23	PPLN01	5541734229687296114567 1	DELTA CHARLOTTESVIL VA	40.00

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
0683

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
10/23/22	$1,767.44	$54.00	11/16/22

AMOUNT OF PAYMENT ENCLOSED
$ _____.__

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14930

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

Paid online #5106

61 5563 0011 1015 0683 00005400 00176744 9

Account Activity Since Your Last Statement... Continued

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
				00642464376234 LAVALLEE/CHAD CHO / CHO DL X O	
10/04	10/04		**Payments, Adjustments and Others** 1611352148	INTERNET PMT-THANK YOU	$ 1,197.02 -

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

Plan Level Information

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PPLN01 001	PURCHASE	G	$1,197.02	$0.00	1.43750% (M)	17.2500% (V)	$0.00	$0.00	0.0000%	$1,767.44
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.27083% (M)	27.2500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$1,197.02	$0.00			$0.00	$0.00	0.0000%	$1,767.44

Days In Billing Cycle: 32

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NAME CHANGE

Please use blue or black ink to complete form

Last

First

Middle

ADDRESS CHANGE

Street

ity

ome Phone ( ) -

State ZIP Code

Business Phone ( ) -

GNATURE REQUIRED
AUTHORIZE CHANGES Signature

First Interstate Bank

ALFALFA FIRE DISTRICT 2
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 0683
Closing Date: 10/23/22
Credit Limit: $15,000.00
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First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 11/21/22
Credit Limit: $5,000.00
Available Credit: $3,548.22
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

Account Inquiries

Customer Service: 1-866-317-0355
Lost/Stolen Card: 1-866-839-3485
International, Call Collect: 727-570-4881

Please Direct Written Inquiries to:
Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

To view or pay your account on-line:
www.ezcardinfo.com

Account Summary

Previous Balance	$	0.00
Purchases	+	1,451.78
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	0.00
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**1,451.78**

Payment Information

Total Minimum Payment Due $44.00
Payment Due Date 12/16/22

Minimum Payment	$	44.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
10/22	10/24	PPLN01	52704872296708109911480	HOLIDAY INN MONTICELLO 4349775100 VA 11265041 8662336541 ARRIVAL 10/15/22 DEPART 10/22/22	$ 1,451.78

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO.COM. ENROLL TODAY!

Plan Level Information

Plan Name	Plan Description	FCM *	Previous Balance	Average Daily Balance	Periodic Rate **	Corresponding APR	Finance Charges	Fees/Finance Charge	Effective APR	Ending Balance
Purchases										
PPLN01 001	PURCHASE	G	$0.00	$0.00	1.43750% (M)	17.2500% (V)	$0.00	$0.00	0.0000%	$1,451.78
Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.27083% (M)	27.2500% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$0.00	$0.00			$0.00	$0.00	0.0000%	$1,451.78

Days In Billing Cycle: 29
APR = Annual Percentage Rate
*See last page for explanation of Finance Charge Method (FCM)
** Periodic Rate (M)=Monthly (D)=Daily
(V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW 5 DAYS FOR MAIL DELIVERY

FIRST INTERSTATE BANK
PO BOX 30918
BILLINGS MT 59116-0918

First Interstate Bank

Account Number
4047

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
11/21/22	$1,451.78	$44.00	12/16/22

AMOUNT OF PAYMENT ENCLOSED
$ _____.__

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14957

MAKE CHECK PAYABLE TO:

MASTERCARD
PO BOX 35138
SEATTLE WA 98124-5138

61 5563 0011 1018 4047 00004400 00145178 7

IMPORTANT INFORMATION

Finance Charge Calculation Methods and Computation of Average Daily Balance Subject to Finance Charge. The Finance Charge Calculation Method applicable to your account for Cash Advances and Credit Purchases of goods and services that you obtain through the use of your card is specified on the front side of this statement and explained below:

Method A - Average Daily Balance (including current transactions). The Finance Charge on purchases begins from the date the transaction is posted to your account, and the Finance Charge on cash advances begins from the date you obtained the cash advance, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no grace period.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Method G - Average Daily Balance (including current transactions). To avoid incurring an additional Finance Charge on the balance of purchases (and cash advances, if Method G is specified as applicable to cash advances) reflected on your monthly statement and, on any new purchases (and if applicable, cash advances) appearing on your next monthly statement, you must pay the New Balance, shown on your monthly statement, on or before the Payment Due Date. The grace period for the New Balance of purchases extends to the Payment Due Date.

The Finance Charges for a billing cycle are computed by applying the Periodic Rate to the "average daily balance" of purchases (and if applicable, cash advances). To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This gives us the daily balance. Then we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Payment Crediting and Credit Balance. Payments received at the location specified on the front of the statement after the phrase "MAKE CHECK PAYABLE TO" will be credited as of the date of receipt to the account specified on the payment coupon. Payments received at locations other than the address specified or payments that do not conform to the requirements set forth on or with the periodic statement (e.g. missing payment stub, payment envelope other than as provided with your statement, multiple checks or multiple coupons in the same envelope) may be subject to delay in crediting, but shall be credited within five days of receipt. If there is a credit balance due on your account, you may request in writing, a full refund. Submit your request to the address indicated on the front of this statement after the phrase " Please Direct Written Inquiries to: ".

By sending your check, you are authorizing the use of the information on your check to make a one-time electronic debit from the account on which the check is drawn. This electronic debit, which may be posted to your account as early as the date your check is received, will be only for the amount of your check. The original check will be destroyed and we will retain the image in our records. If you have questions please call the customer service number on the front of this billing statement.

Closing Date. The closing date is the last day of the billing cycle; all transactions received after the closing date will appear on your next statement.

Annual Fee. If your account has been assessed an annual fee, you may avoid paying this annual fee by sending written notification of termination within 30 days following the mailing date of this bill, to the address found at the top of the first page of this bill under your financial institutions name. You may use your card(s) during this 30 day period but immediately thereafter must send your card(s), which you have cut in half to this same address.

Negative Credit Reports. You are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

BILLING RIGHTS SUMMARY
In Case of Errors or Inquiries About Your Bill. If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address indicated on the front of this statement after the phrase, " Please Direct Written Inquiries to: " as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:
- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Special Rule For Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50.00 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____

Chiefs Card - 4047

Menu

Payment Summary › Make a One-Time Payment

Your Payment has been Submitted Start Help

Please confirm that the payment information you provided is correct. Payments submitted after 5 p.m. eastern time on a business day will be credited to your account the following business day.

Confirmation #:BH3761144310

Account: XXXX-XXXX-XXXX-4047

Pay From: Chiefs Card(*3218)

Payment Amount:$2,011.78

Pay on: Dec 19, 2022

Date Scheduled: Dec 19, 2022

Memo:

Print Close

First Interstate Bank

CHAD LAVALLEE
ALFALFA FIRE DISTRICT

Account Number: #### #### #### 4047
Closing Date: 12/22/22
Credit Limit: $5,000.00
Available Credit: $5,000.00
Cash Advance Limit: $0.00
Cash Advance Available: $0.00

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Customer Service
PO BOX 30495
TAMPA , FL 33630-3495

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Account Summary

Previous Balance	$	1,451.78
Purchases	+	560.00
Cash	+	0.00
Special	+	0.00
Credits	-	0.00
Payments	-	2,011.78 -
Other Debits	+	0.00
Finance Charges	+	0.00
NEW BALANCE	$	**0.00**

Payment Information

Total Minimum Payment Due $0.00
Payment Due Date 01/16/23

Minimum Payment	$	0.00

Mail Payments to: MASTERCARD PO BOX 35138 SEATTLE WA 98124-5138

Account Activity Since Your Last Statement

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
12/07	12/08	PPLN01	55436872342153424277113	BAVA LLC 541-2196688 OR	$ 560.00
			Payments, Adjustments and Others		
12/19	12/19		1613660670	INTERNET PMT-THANK YOU	2,011.78 -

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Cash										
CPLN01 001	CASH	A	$0.00	$0.00	2.33333% (M)	28.0000% (V)	$0.00	$0.00	0.0000%	$0.00
	Total		$1,451.78	$0.00			$0.00	$0.00	0.0000%	$0.00

Days In Billing Cycle: 31
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Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
12/22/22	$0.00	$0.00	01/16/23

AMOUNT OF PAYMENT ENCLOSED
$.

CHAD LAVALLEE
ALFALFA FIRE DISTRICT
25889 ALFALFA MARKET RD
BEND OR 97701-9330

14885

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MASTERCARD
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SEATTLE WA 98124-5138

61 5563 0011 1018 4047 00000000 00000000 9

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Please use blue or black ink to complete form

NAME CHANGE

Last

First Middle

ADDRESS CHANGE

Street

City State ZIP Code

Home Phone ( ) - Business Phone ( ) -

SIGNATURE REQUIRED TO AUTHORIZE CHANGES Signature _____