

1,598.00 +
 703.00 +
 107.00 +
 310.00 +
 7.00 +
 415.00 +
 359.00 +
 65.00 +
 3,560.00 +

ORLWS
 2/35 (27)
 3rd Bdte

40.00 +
 17.00 +
 47.00 +
 41.00 +
 60.00 +
 75.00 +
 36.00 +
 43.00 +
 359.00 +

DJ
 3rd
 Bdte

461.00
 222.00
 332.00
 175.00
 398.00
 0.00
 332.00
 175.00
 159.00
 441.00
 180.00
 261.00
 111.00
 359.00 +
 253.00 +
 703.00 +

cars, + 603 + 67 + 5

ORLWS 11/17/0

9.00 +
 6.00 +
 11.00 +
 2.00 +
 14.00 +
 1.00 +
 26.00 +
 32.00 +
 38.00 +
 25.00 +
 32.00 +
 45.00 +
 28.00 +
 41.00 +
 310.00 +

1/35 DJ's

69.00 +
 93.00 +
 81.00 +
 103.00 +
 69.00 +
 415.00 +
 7.00 +
 7.00 +
 0.00 +
 0.00 +

DJ 2/35

252.00 +
 461.00 +
 332.00 +
 441.00 +
 130.00 +
 1,598.00 +

bundle of 67

6.00
 4.00
 8.00
 4.00
 14.00
 3.00
 7.00
 4.00
 5.00
 12.00
 9.00
 10.00
 4.00
 17.00
 107.00

Bundle
 70

6.00 +
 21.00 +
 7.00 +
 5.00 +
 1.00 +
 4.00 +
 6.00 +
 4.00
 9.00
 63.00 +

CopyMax[™] Work Order 3749245

Order Number ▲

Inside OfficeMax

WAITING
 CALL WHEN DONE
 QUOTE
 SPOKE

DATE IN: 7/13/01 TIME IN: _____ DATE/TIME DUE: _____ AM PM: _____

TAKEN BY: CE PRODUCED BY: _____ FINISHED BY: _____ Q. CHECK: _____

COMPANY: _____ ACCT. #: _____

CONTACT: Jim Anderson PHONE: () 757-7562

STREET: _____ ALT/FAX: () _____

CITY: _____ STATE: _____ ZIP: _____

OfficeMax #578
 125 Cascade Mall Drive
 Burlington, WA 98233 (360)757-1779
 ORDER BY PHONE 1-800-788-8080

0578 00006 02920 6 07/30/01
 SALE 862531 11:17

STR # 749245

077511867415 Banker's Box St 9.99
 400500000140 Self Serve B&W 0.60
 400500000232 Full Service Co 156.60
 400500000690 Binding/Finishi 164.00

4 ITEMS SUBTOTAL 331.26
 331.26 WA TAX 7.800% 25.80
 TOTAL \$357.10
 CHECK 357.10

125000105 153505359650

4474-052

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BLACK & WHITE COPIES \$ 156.64

Original Output	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
1	1	X 3560	=	X .044	= \$ 156.64
2	2	X	=	X	= \$
MIXED MIXED		X	=	X	= \$
COLLATED		X	=	X	= \$
UNCOLLATED		X	=	X	= \$

PAPER CODE: _____
 DESCRIPTION: _____

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

FULL COLOR COPIES/PRINTS \$

COLLATED	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
		X	=	X	= \$
UNCOLLATED		X	=	X	= \$

PAPER CODE: _____
 PAPER SIZE: _____

BINDING & FINISHING \$ 164.03

Plastic Comb Wire Comb Thermal Coil Other

Front Cover: clear
 Copy: Front Back Both None
 Back Cover: navy
 Copy: Front Back Both None

Qty: 47 X Price: 3.49 = \$ Total

SPINE COLOR: navy

BOOKLET MAKING STAPLING CUSTOM

Fold & Staple Fold No Staple

of Booklets: _____ Cover: _____

Finished Size: _____ X _____ Face Trim

Hand Collating
 Custom Assembly
 Paste Up

FOLDING DRILLING CUTTING

Custom Hand Fold Sample Enclosed

1-up 3-up
 2-up 4-up

X _____ = \$ _____ X _____ = \$ _____ X _____ = \$ _____

LAMINATION PADDING

Roll # of Ft: _____ Trim Size: _____ Pages Per Pad: _____

Trim Notes # of Pads: _____

Letter Legal 11 x 17 I.D. Card Lug. Tag Pad Size: _____

X _____ = \$ _____ X _____ = \$ _____

ENGINEERING/OVERSIZED \$

of Ft. Price Engr./Red. Charge Total

PAPER TYPE: _____ X _____ + _____ = _____

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER # of Boxes: _____

SUBTOTAL \$ 320.67

NOTES

7-25-01
 CE
 7/18/01
 JM

NATIONAL ACCOUNT

Print Name: _____
 Signature: _____
 Cost Center: _____ Dept.: _____

CUSTOMER PROOF APPROVAL

I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.

Signature: _____ Date: _____

Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damages which may occur to originals.

CUSTOMER

CopyMax™ Work Order 3749223

Order Number ▲

Inside OfficeMax®

WAITING
 CALL WHEN DONE
 QUOTE
 SPOKE

DATE IN 7/7/01	TIME IN	DATE/TIME DUE	AM	PM			
TAKEN BY Joe	PRODUCED BY	FINISHED BY	Q. CHECK		Taken by Store #		

COMPANY: _____ ACCT. # _____
 CONTACT: Jim Anderson PHONE: (757-7562) Produced by # _____
 STREET: _____ ALT/FAX: () (Source #)
 CITY: _____ STATE _____ ZIP _____

OfficeMax #578
 125 Cascade Mall Drive
 Burlington, WA 98233 (360)757-1779
 ORDER BY PHONE 1-800-788-8080

BLACK & WHITE COPIES				\$ <u>309.26</u>	
Original Output	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
1	1	X		X	43.69
2	2	X		X	
MIXED MIXED		X		X	
COLLATED		X		X	
UNCOLLATED		X		X	
SLIP SHEET	8.5 x 11	8.5 x 14	11 x 17	PAPER CODE:	
					DESCRIPTION:

DESKTOP PUBLISHING		\$
<input type="checkbox"/> Photo/Text Scans	<input type="checkbox"/> DTP	<input type="checkbox"/> Editing
<input type="checkbox"/> Tabs	<input type="checkbox"/> Other	
\$ _____	\$ _____	\$ _____

FULL COLOR COPIES/PRINTS		\$
COLLATED	# of Orig. X # of Sets = Total Imp. X Price = \$ Total	PAPER CODE:
UNCOLLATED	X = X = \$	PAPER SIZE:

BINDING & FINISHING		\$ <u>104.43</u>
<input type="checkbox"/> Plastic Comb	<input type="checkbox"/> Wire Comb	<input type="checkbox"/> Thermal
<input type="checkbox"/> Coil	<input type="checkbox"/> Other	
FRONT COVER		Copy: Front Back Both None
BACK COVER		Copy: Front Back Both None
SPINE COLOR		Qty. X Price = \$ Total
		X = \$

BOOKLET MAKING		STAPLING		CUSTOM	
<input type="checkbox"/> Fold & Staple	<input type="checkbox"/> Fold No Staple	<input type="checkbox"/> Hand Collating	<input type="checkbox"/> Custom Assembly	<input type="checkbox"/> Paste Up	
# of Booklets _____	Cover _____				
Finished Size _____ X _____	<input type="checkbox"/> Face Trim				
X = \$ _____	X = \$ _____	X = \$ _____			

FOLDING		DRILLING		CUTTING	
<input type="checkbox"/> Custom	<input type="checkbox"/> Hand Fold	<input type="checkbox"/> 1-up	<input type="checkbox"/> 3-up	<input type="checkbox"/> 2-up	<input type="checkbox"/> 4-up
<input type="checkbox"/> Sample Enclosed					
X = \$ _____	X = \$ _____	X = \$ _____			

LAMINATION		PADDING	
<input type="checkbox"/> Roll	# of Ft. _____ Trim Size _____	Pages Per Pad: _____	
<input type="checkbox"/> Trim	<input type="checkbox"/> Notes _____	# of Pads: _____	
<input type="checkbox"/> Letter	<input type="checkbox"/> Legal <input type="checkbox"/> 11 x 17 <input type="checkbox"/> I.D. Card <input type="checkbox"/> Lug, Tag	Pad Size: _____	
X = \$ _____	X = \$ _____	X = \$ _____	

ENGINEERING/OVERSIZED		\$
# of Ft. _____	Price _____	Enrg./Red. Charge _____
PAPER TYPE: _____	X _____	Total _____

SHIPPING CHARGES (if applicable)		\$
<input type="checkbox"/> CopyMax Delivery	<input type="checkbox"/> UPS	<input type="checkbox"/> OTHER _____
		# of Boxes _____

185.02
 0578 00006 99058 5 07/13/01
 862531 02:37 PM
 STR # 749223
 400500000232 Full Service Co 185.02
 400500000690 Binding/Finishi 104.43
 2 ITEMS SUBTOTAL 289.45
 289.45 WA TAX 7.800% 22.58
 TOTAL \$312.03
 5417480452305873 MSTRCRD 312.03
 CARDHOLDER: JIM N ANDERSON
 2074-1556

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 Register at stores.officemax.com

SUBTOTAL		\$

NOTES	
<p> <input checked="" type="checkbox"/> Called Date <u>7/11/01</u> Initials <u>JM</u> </p>	

NATIONAL ACCOUNT	
Print Name _____	
Signature _____	
Cost Center _____	Dept. _____

CUSTOMER PROOF APPROVAL	
I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.	
Signature _____	Date _____
Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damage which may occur to original.	

CopyMax[™] Work Order 3749223

Order Number ▲

Inside OfficeMax[™]

WAITING
 CALL WHEN DONE
 QUOTE
 SPOKE

DATE IN: 7/7/01 TIME IN: DATE/TIME DUE: AM PM
 TAKEN BY: PRODUCED BY: FINISHED BY: Q. CHECK: Taken by Store #
 JAC

COMPANY: ACCT. #
 CONTACT: Jim Anderson PHONE: () 757-7562 Produced by # (Source #)
 STREET: ALT/FAX: ()
 CITY: STATE ZIP

OfficeMax #578
 125 Cascade Mall Drive
 Burlington, WA 98233 (360)757-1779
 ORDER BY PHONE 1-800-788-8080

BLACK & WHITE COPIES \$ 309.26

Original Output	# of Orig.	X # of Sets	= Total Imp.	X Price	= \$ Total
1	1	X	=	X	= \$
2	2	X	=	X	= \$
MIXED MIXED		X	=	X	= \$
COLLATED		X	=	X	= \$
UNCOLLATED		X	=	X	= \$

PAPER CODE: 11 x 17
 DESCRIPTION:

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other
 \$ \$ \$ \$ \$

FULL COLOR COPIES/PRINTS \$

COLLATED # of Orig. X # of Sets = Total Imp. X Price = \$ Total PAPER CODE:
 UNCOLLATED X = X = \$ PAPER SIZE:

BINDING & FINISHING \$ 04.43

Plastic Comb Wire Comb Thermal Coll Other
 Front Cover Copy: Front Back Both None
 Back Cover Copy: Front Back Both None
 Qty. X Price = \$ Total
 X = \$

BOOKLET MAKING STAPLING CUSTOM

Fold & Staple Fold No Staple
 # of Booklets Cover
 Finished Size X Face Trim
 X = \$ X = \$ X = \$

FOLDING DRILLING CUTTING

Custom Hand Fold
 Sample Enclosed Custom
 X = \$ X = \$ X = \$

LAMINATION PADDING

Roll # of Ft. Trim Size Pages Per Pad:
 Trim Notes # of Pads:
 Letter Legal 11 x 17 I.D. Card Lug. Tag Pad Size:
 X = \$ X = \$

ENGINEERING/OVERSIZED \$

of Ft. Price Engr./Red. Charge Total
 PAPER TYPE: X + =

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER # of Boxes

185.02 0578 00006 99058 5 07/13/01
 SALE 862531 02:37 PM

STR # 749223
 400500000232 Full Service Co 185.02
 400500000690 Binding/Finishi 104.43
 2 ITEMS SUBTOTAL 289.45
 289.45 WA TAX 7.800% 22.58
 TOTAL \$312.03
 5417480452305873 MSTRCRD 312.03
 CARDHOLDER: JIM N ANDERSON

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 Register at stores.officemax.com

SUBTOTAL \$

NOTES

7/11/01
 JM

NATIONAL ACCOUNT

Print Name
 Signature
 Cost Center Dept.

CUSTOMER PROOF APPROVAL

I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.
 Signature Date
 Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damage which may occur to originals.

CopyMax Work Order

inside OfficeMax

DATE IN _____ TIME IN _____

TAKEN BY _____ PRODUCED BY _____ FINISHED BY _____ Q. CHECK _____

BLACK & WHITE COPIES \$ 93.59

Original Output	# of Orig	X # of Sets	= Total Imp.	X Price	= \$ Total	PAPER CODE:
1	38	X 1	=	X	= \$ 2.66	
1	136	X 2	=	X	= \$ 19.04	
2	165	X 2	=	X	= \$ 23.10	
2	205	X 2	=	X	= \$ 28.70	
MIXED MIXED	145	X 1	=	X	= \$ 10.15	
COLLATED	142	X 1	=	X	= \$ 9.94	
UNCOLLATED						
SLIP SHEET	8.5 X 11	8.5 X 14	11 x 17			DESCRIPTION:

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

FULL COLOR COPIES/PRINTS \$

COLLATED	# of Orig	X # of Sets	= Total Imp.	X Price	= \$ Total	PAPER CODE:
		X	=	X	= \$	
UNCOLLATED		X	=	X	= \$	PAPER SIZE:

BINDING & FINISHING \$ 20.94

Flash Comb Wire Comb Thermal Coil Other _____
 Front Cover Copy: Front Back Both None
 Back Cover Copy: Front Back Both None
 Qty: 6 X Price 3.49 = \$ 20.94

SPINE COLOR _____

BOOKLET MAKING STAPLING

Fold & Staple Fold No Staple
 # of Booklets _____ Cover _____
 Finished Size _____ x _____ Face Trim _____ Custom _____
 _____ x _____ = \$ _____

FOLDING DRILLING CUTTING

Custom Hand Fold Sample Enclosed
 1-up 2-up 3-up 4-up
 _____ x _____ = \$ _____

LAMINATION PADDING

Roll # of Ft _____ Trim Size _____ Pages Per Pad: _____
 Trim Notes _____ # of Pads: _____
 Letter Legal 11 x 17 I. D. Card Lug. Tag Pad Size: _____
 _____ x _____ = \$ _____

ENGINEERING/OVERSIZED \$

of Ft. Price Engr./Red. Charge Total
 PAPER TYPE: _____ x _____ + _____ = _____

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER _____ # of Boxes _____

QC INT _____
DATE _____

SUBTOTAL \$ 114.53

NOTES

Binds 1111

NATIONAL ACCOUNT

Print Name _____
 Signature _____
 Cost Center _____ Dept. _____

CUSTOMER PROOF APPROVAL

I have received and reviewed or opted to waive a proof of my order for accuracy and completeness. I understand that in signing, I agree that any changes will result in additional charges.
 Signature _____ Date _____
Prices subject to change. Not responsible for orders left over 30 days. By placing the order, Customer agrees that OfficeMax's liability for any work performed at its CopyMax centers is limited to the cost of the job and OfficeMax is not responsible for any damage which may occur to originals.

CopyMax Work Order

Inside OfficeMax

DATE IN _____ TIME IN _____

TAKEN BY _____ PRODUCED BY _____ FINISHED BY _____ Q. CHECK _____

BLACK & WHITE COPIES \$ 50.12

Original Output	# of Orig	X # of Sets	= Total Imp.	X Price	= \$ Total
1	189	X 1	=	X	= \$ 13.23
	39	X 1	=	X	= \$ 2.73
2	124	X 1	=	X	= \$ 8.68
	161	X 1	=	X	= \$ 11.27
MIXED MIXED	99	X 1	=	X	= \$ 6.93
COLLATED	104	X 1	=	X	= \$ 7.28
UNCOLLATED					
SLIP SHEET	8.5 X 11	8.5 X 14	11 x 17		

PAPER CODE: _____
DESCRIPTION: _____

DESKTOP PUBLISHING \$

Photo/Text Scans DTP Editing Tabs Other

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

FULL COLOR COPIES/PRINTS \$

COLLATED # of Orig X # of Sets = Total Imp. X Price = \$ Total PAPER CODE: _____

UNCOLLATED X _____ = _____ X _____ = \$ _____ PAPER SIZE: _____

BINDING & FINISHING \$ 20.94

Plastic Comb Wire Comb Thermal Coil Other

Front Cover Copy: Front Back Both None *Blue*

Back Cover Copy: Front Back Both None *clear*

Qty. 6 X Price 3.49 = \$ Total X _____ = \$ _____

SPINE COLOR *NAVY*

BOOKLET MAKING STAPLING

Fold & Staple Fold No Staple

of Booklets _____ Cover _____

Finished Size _____ x _____ Face Trim

_____ x _____ = \$ _____

_____ x _____ = \$ _____

FOLDING DRILLING CUTTING

Custom Hand Fold Sample Enclosed

1-up 3-up 2-up 4-up

_____ x _____ = \$ _____

_____ x _____ = \$ _____

_____ x _____ = \$ _____

LAMINATION PADDING

Roll # of Ft _____ Trim Size _____

Trim Notes

Letter Legal 11 x 17 I. D. Card Lug. Tag

_____ x _____ = \$ _____

Pages Per Pad: _____

of Pads: _____

Pad Size: _____

_____ x _____ = \$ _____

ENGINEERING/OVERSIZED \$

of Ft _____ Price _____ Engr./Red. Charge _____ Total _____

PAPER TYPE: _____ x _____ + _____ = _____

SHIPPING CHARGES (if applicable) \$

CopyMax Delivery UPS OTHER _____ # of Boxes _____

QC INT. _____
DATE _____

SUBTOTAL \$ 92-

NOTES

NATIONAL ACCOUNT

Print Name _____

Signature _____

Cost Center _____ Dept. _____

CUSTOMER PROOF APPROVAL

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Signature _____ Date _____

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