STATEMENT



1 CUSTOMER NAME
Your Name
ACCOUNT # STATEMENT DATE
12/31/09
AMOUNT
AMOUNT

DATE	REFE	RENCE		DESCRIPT	TION	3	AMOUNT
		F	REVIOUS BALANCE				120.00
11/20/09	2065	9 \	APOR				125.00
12/21/09	111	1	AYMENT BY CHECK				-120.00
							1
						6	7
CURREN	T T	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	6 NEW HINANCE CHARGE	7 TOTAL AMOUNT

Make all chocks payable to Kamgs. Propane. Please remit within 10 days of invoice Date. We accept Major Credit Cards. If you have any questions concerning this invoice, please call (800) 334-4824

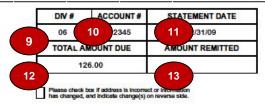
Terms: A service change of 1 9/2% (18% per annum) or minimum of \$1.00 per month will be changed on past due accou Due 10 days from receipt. Price as shown above may reflect a price increase or decrease.

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT.

Page 1 of 1



RETURN SERVICE REQUESTED



REMIT TO:

YOUR NAME BILLING ADDRESS CITY, STATE ZIP

Legend

- 1 Your Account Name
- 2 Your Kamps Account Number
- 3 Statement Date
- 4 Transaction Information
- 5 Aging Information
- 6 Late Fees assessed on past due balance
- 7 Total Amount Due
- 8 Payment Terms
- 9 Division Location # of Kamps Propane
- 10 Your Kamps Account Number
- 11 Statement Date
- 12 Total Amount Due
- 13 Amount of your payment
- 14 Your Billing Address