

Oregon Association of Naturopathic Physicians

Invoice

Date	Invoice #
9/28/2021	300009205

Bill To
Kara Noe Good Health Naturopathic Medical Center LLC 6214 SE Milwaukie Ave Portland, OR 97202 United States

Member Information
Dr. Kara Noe Good Health Naturopathic Medical Center 6214 SE Milwaukie Ave Portland, OR 97202 United States

PO	Terms	Due Date
	Due on receipt	9/28/2021

Description	Amount
Physician - Annual Pay	\$370.00
Total	\$370.00

Payments/Adjustments

Description	Amount
Payment via Credit Card (using card xxxxxxxxxxxxxx6812) <i>Applied to invoice on 9/28/2021 6:15:48 PM</i>	(\$370.00)
Total Payments/Adjustments	(\$370.00)
Balance Due	\$0.00

Because of the lobbying work of the OANP, only 73% of membership dues are tax deductible. Please remember to inform your accountant.

**To remit payment by check, send to:
PO Box 5876 | Portland, OR 97228 | 503-262-8586**