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**STRIB PEST CONTROL COMPANY LLC**

P.O. BOX 91237 Milwaukee, WI 53209

**INVOICE**

Invoice Number: INV-20251024-0144

Date: 2025-10-24

**BILL TO:**

Milwaukee Women's Center

3025 W Mitchell St.

Milwaukee, WI 53215

Location	Description	Date	Charge (\$)
3025 W Mitchell St.	Monthly treatment Oct 25	2025-10-22	120.00

**Subtotal:** **\$120.00**

**Sales Tax:** **\$0.00**

**Total Due:** **\$120.00**