

EXHIBIT P

P-4



Subscription Invoice

Thomson West
P.O. Box 64833
St. Paul, MN 55164-0833

BILLING ACCOUNT #	1000048042
SUBSCRIPTION INVOICE #	817425398
INVOICE DATE	12/26/2008
BILLING PERIOD	Nov 27,2008 - Dec 26,2008
PAYMENT DUE DATE	01/25/2009
AMOUNT DUE	102.73

Asterisk (*) indicates Annual/Monthly Charge
For payment instructions and contact information see reverse side

IMPORTANT NEWS
 Thank you for your business.
 For more information about Thomson West or to shop online visit west.thomson.com.

POSTING DATE NUMBER <small>FOR PAYMENT REFERENCE</small>	DELIVERY NUMBER	DESCRIPTION	QTY	UNIT PRICE	TAX	TOTAL
12/17	6056286206	674113701				
		PA PR V2 PP AND V2A PAM 2008-2009	1	46.50		46.50
		PA PRACTICE V2 PA CRIMINAL PROCEDURE 2D 2008-2009 PP	1	49.50		49.50
		PA PRACTICE V2A RULES OF CRIMINAL PROCEDURE 2008-2009 EDITION PAMPHLET				
		Subtotal		96.00	6.73	102.73S
THANK YOU				TOTAL		102.73

RETURN BOTTOM PORTION WITH PAYMENT

SUBSCRIPTION INVOICE 817425398
 VENDOR # 41-1426973
 ACCOUNT # 1000048042
 AMOUNT DUE 102.73
 AMOUNT ENCLOSED _____

West Payment Center
P.O. Box 6292
Carol Stream, IL 60197-6292

POPPER & YATVIN
LIBRARY
230 S BROAD ST STE 503
PHILADELPHIA PA 19102-4108

0817425398 00000000000000000000 20081226 ZCMI 000010273 0010 1000048042 4

REMITTANCE INSTRUCTIONS:

<ul style="list-style-type: none"> ◆ Terminate Net 30 ◆ Use the enclosed envelope to send your payment ◆ Detach and return the remittance portion and make payment payable to "West", Federal Employer Identification Number 41-1426973 ◆ Do not enclose cash or foreign currency. ◆ Remember, checks must be drawn from a U.S. bank account. ◆ Write your account number on the front of your check. ◆ Do not fold or staple your check or remittance portion. 	<ul style="list-style-type: none"> ◆ Canadian Registration Numbers Canada GST 135418430 British Columbia PST R375653 Quebec QST 1021623993 Ontario PST 5062-0560 Saskatchewan PST 1895663
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WEST RETURN POLICY:

If you are not completely satisfied with the products¹ you purchase or license from West, you may return them within 45 days of the original invoice (West ship date) for full credit or refund. Pack securely and return all merchandise, insuring contents for its value. All expenses associated with returns are the responsibility of the customer. Customers will forfeit any applicable discounts when returning part of a promotional sale. To ensure accurate processing, always enclose with your return a copy of the original delivery or billing document, including a brief explanation of the reason for the return. ¹This West policy does not apply to online services, such as Westlaw. Subscriber is responsible for any applicable charges associated with online products. Please refer to your subscriber agreement for specific terms and conditions.

ONLINE RESOURCE:

To access any of the account information 24 hours a day:

- ◆ Access online at My Account at west.thomson.com:
 - ◆ Make payments
 - ◆ Return products
 - ◆ Password management
 - ◆ Check order status
 - ◆ Make address changes
 - ◆ Request duplicate billing documents
 - ◆ Information about last payment received and credits posted
- ◆ Access by Telephone at 1/800/328/4880:
 - ◆ Account Payment information
 - ◆ Payment History information
 - ◆ Make payments
 - ◆ Return information
 - ◆ Sales & Training Contact information

FOR ASSISTANCE WITH BILLING, SUBSCRIPTION AND GENERAL INQUIRIES:

	Telephone	FAX	E-mail
◆ Customer Service:	1/800/328-4880 <small>(7:00 AM - 7:00 PM Central M-F)</small>	1/800/340-9378	west.customer.service@thomson.com
◆ Federal Government Accounts:	1/800/328-2781 <small>(7:00 AM - 5:00 PM Central M-F)</small>	1/651/687-6857	west.fed.govt@thomson.com
◆ Bookstore Accounts:	1/800/328-2209 <small>(7:00 AM - 7:00 PM Central M-F)</small>	1/651/687-6857	west.bookstore@thomson.com
◆ International Accounts:		1/651/687-6857	west.international.account.service@thomson.com
◆ West Main Web Site:	west.thomson.com		

You may write us at --	You may mail payments to --	You may return merchandise to --
West P.O. Box 64833 St. Paul, MN 55164-0833	West Payment Center P.O. Box 6293 Carol Stream, IL 60197-6293	West Retarus - Bldg B 525 Westcott Road Eagan, MN 55123
	e-mail: West.ARPaymentCenter@thomson.com e-mail: West.ARRefundCenter@thomson.com	e-mail: West.ARReturnCenter@thomson.com

FOB - Shipping Point

PLEASE PROVIDE POSTING # AND EXPLANATION IF PAYMENT DOES NOT EQUAL AMOUNT DUE

Special Payment Instructions

Change of Address

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Credit Card Charges: _____ Visa _____ M/C _____ Amex _____ Card # _____

Exp. Date: _____ Signature: _____ Amount \$ _____