



Business Gold Card
HAMILTONBERCHMAN
J BERT MAHONEY
Closing Date 08/14/12



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Account Ending 3-84000

New Balance **\$1,328.74**
Minimum Payment Due **\$809.37**
Payment Due Date **09/08/12**

Late Payment Warning: If we do not receive at least the Minimum Payment Due by the Payment Due Date listed above, you may be assessed a late fee and your APR may be increased to a Penalty APR.

See page 2 for important information about your account.

See Page 6 For A Notice Of Changes To The Membership Rewards Program Terms & Conditions

See Page 7 for Important Information Regarding Benefits Underwritten by AMEX Assurance Company.

45,497
Membership Rewards® Points

Available and Pending as of 07/31/12
For up to date point balance and full program details, visit [membershipeards.com](http://membershipewards.com)

Account Summary

Pay In Full Portion

Previous Balance	\$717.73
Payments/Credits	-\$717.73
New Charges	+\$739.37
Fees	+\$35.00
New Balance	= \$774.37

Pay Over Time Portion

Previous Balance	\$467.84
Payments/Credits	-\$467.84
New Charges	+\$554.37
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$554.37
Minimum Due	\$35.00

Account Total

Previous Balance	\$1,185.57
Payments/Credits	-\$1,185.57
New Charges	+\$1,293.74
Fees	+\$35.00
Interest Charged	+\$0.00

New Balance	\$1,328.74
Minimum Payment Due	\$809.37

Days in Billing Period: 32

Customer Care

Pay by Computer
open.com/pbc

Customer Care	Pay by Phone
1-800-492-3344	1-800-472-9297

See page 2 for additional information.

↓ Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
Do not staple or use paper clips

Pay by Computer
open.com/pbc

Pay by Phone
1-800-472-9297

Account Ending 3-84000

Enter account number on all documents.
Make check payable to American Express.



J BERT MAHONEY
HAMILTONBERCHMAN
PO BOX 1015
OJAI CA 93024-1015

Payment Due Date
09/08/12

New Balance
\$1,328.74

Minimum Payment Due
\$809.37

☐ Check here if your address or phone number has changed.
Note changes on reverse side.



AMERICAN EXPRESS
BOX 0001
LOS ANGELES CA 90096-8000

\$ _____
Amount Enclosed

0000349990810181315 000132874000080937 10 H

New York residents may contact the New York Banking Department to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-800-518-8866.

Payments
BOX 0001
LOS ANGELES CA
90096-8000

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



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Account Ending 3-84000

Payments and Credits

Summary

	Pay In Full	Pay Over Time ♦	Total
Payments	-\$717.73	-\$467.84	-\$1,185.57
Credits	\$0.00	\$0.00	\$0.00
Total Payments and Credits	-\$717.73	-\$467.84	-\$1,185.57

Detail

*Indicates posting date

Payments	Amount
08/03/12* ONLINE PAYMENT - THANK YOU	-\$1,185.57

New Charges

Summary

	Pay In Full	Pay Over Time ♦	Total
Total New Charges	\$739.37	\$554.37	\$1,293.74

Detail

♦ - denotes Pay Over Time activity

For more information, visit
americanexpress.com/payovertimeinfo



J BERT MAHONEY
Card Ending 3-84000

			Amount
07/13/12	OJAI BEVERAGE COMPAN805-646-1700 805-646-1700		\$33.25
07/13/12	THE OJAI BEVERAGE COOJAI CA 805-646-1700		\$62.82
07/14/12	ELLIOT'S FURNITURE VENTURA CA 8056399222 EXTENDED PAYMENT OPTION		\$554.37 ♦
07/14/12	FRESHBOOKS FRESHBOOKWILMINGTON DE DIRECT MKTG INTERNET		\$29.00
07/15/12	CIRCLE K 01045/CIRCLOJAI CA CONVENIENT S Description Price CIRCLE K \$57.56 TAX		\$57.56
07/20/12	PALACE MARKET 542929POINT REYES S CA 4156631016 Description Price GROCERY STORES, SUP \$52.33		\$52.33
07/20/12	GRAPEVINE FOOD MART LEBEC CA 6612486887		\$53.37
07/20/12	MEDICINE SHOPPE OJAI OJAI CA 8056460106 Description Price DRUG STORES/PHARMAC \$16.50		\$16.50

Continued on reverse

Detail Continued

◆ - denotes Pay Over Time activity

				Amount
07/20/12	GREENBRIDGE GAS & AUPOINT REYES S 707-794-9180 Description GAS/SERVICES	CA		\$69.02
07/22/12	THE STATION HOUSE CAPOINT REYES STATIO 4156631515 TIP	CA	\$12.00	\$79.93
07/25/12	OSTERIA STELLINA 002POINT REYES S 415-663-9988 Description FOOD/BEVERAGE	CA		\$81.32
07/26/12	RUSSIAN RIVER BREWINSANTA ROSA RESTAURANT FOOD/BEVERAGE TIP	CA	\$45.75 \$9.00	\$54.75
07/27/12	UNION 76 00069450 SANTA ROSA UNION 76	CA		\$57.79
07/27/12	ROSSO PIZZERIA & WINSANTA ROSA RESTAURANT FOOD/BEVERAGE TIP	CA	\$59.08 \$11.00	\$70.08
07/28/12	STARBUCKS CORP034561SANTA ROSA 800-7827282	CA		\$5.20
07/29/12	STARBUCKS CORP034561SANTA ROSA 800-7827282	CA		\$16.45

Fees

				Amount
07/23/12	40 Day Late Payment Fee			\$35.00
Total Fees for this Period				\$35.00

Interest Charged

				Amount
Total Interest Charged for this Period				\$0.00

2012 Fees and Interest Totals Year-to-Date

				Amount
Total Fees in 2012				\$188.83
Total Interest in 2012				\$8.71



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Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Extended Payment Option	27.24% (v)	\$0.00	\$0.00
Total			\$0.00
(v) Variable Rate			

Important Notice

Information on Pay Over Time Features

You may have access to one or more Pay Over Time Features as part of your Card account. The following are the current Annual Percentage Rates (APRs) for Pay Over Time Features. (v) indicates variable rate.

For Extended Payment Option, the APR is 27.24% (v).

Please refer to page 2
for further important
information regarding
your account

Business Gold Card**Notice of Changes to the Membership Rewards[®] Program Terms**
(Corporate Card Only)

Effective October 1, 2012, the annual fee to enroll a Corporate Card in the Membership Rewards program will be \$90 (previously, \$75). Enrolled Corporate Cardmembers will be charged this fee on their first annual program renewal date following October 1, 2012.

To reflect this change, effective October 1, 2012, in the Annual Fees section of the Membership Rewards Program Terms & Conditions, '\$75' is replaced with '\$90.'



Notice of Change to Your Travel Accident Insurance Policy

We are making **Important Changes** to your insurance policies ("Policies") underwritten by AMEX Assurance Company.

We are increasing the age limit for dependents covered by the Travel Accident Insurance for Cardmembers in the following states: DC, HI, ID, IN, LA, MA, NY, and VA. The age limit varies by state. For PA residents, the general terms of your coverage have been revised to include provisions required in your state. Please refer to the Riders for each applicable state.

This change becomes effective on the date indicated below, whether or not you receive a billing statement. This Notice formally amends your Policies, and any contrary or conflicting language in those Policies is replaced fully and completely. All terms of the Policies not amended herein remain in full force and effect.

You should carefully review these changes, share them with any Additional Cardmembers on your Account, and then keep this Notice for future reference. If you have questions regarding this Notice, please call the telephone number listed on the back of your American Express Card.

Applicable for Residents of the states of Idaho, Virginia, DC, Hawaii, and Massachusetts for Travel Accident Insurance:

The definition of **Covered Person** from the **DEFINITIONS** section is replaced with the following:

Covered Person means the Basic Cardmember, each Additional Cardmember, and each of these Cardmember's spouses or Domestic Partners and dependent children under 26 years of age (dependent children include: your unmarried, dependent children under 26 years of age who rely on You for support and maintenance, your unmarried dependent children 26 years or older who because of a handicap condition that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and dependent upon You for lifetime care and supervision. Coverage will be extended for as long as such child is incapacitated, unmarried and dependent.).

TAI-RDR1-Multi 04/10, TAI-RDR1-DC 04/11, TAI-RDR1-HI 07/10 and TAI-RDR1-MA 11/10.

Applicable for Residents of the state of Hawaii for Travel Accident Insurance:

Domestic Partner means persons of the same or opposite gender who have entered into a reciprocal beneficiary relationship pursuant to Hawaii statutes. TAI-RDR1-HI 07/10

Applicable for Residents of the state of Indiana for Travel Accident Insurance:

The definition of **Covered Person** from the **DEFINITIONS** section is replaced with the following:

Covered Person means the Basic Cardmember, each Additional Cardmember, and each of these Cardmember's spouses or Domestic Partners and dependent children under 26 years of age (dependent children include: your dependent children under 26 years of age, your dependent children 26 years or older who because of a handicap condition that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and dependent upon You for lifetime care and supervision. Coverage will be extended for as long as such child is incapacitated, unmarried and dependent.). TAI-RDR1-IN 07/10

Applicable for Residents of the state of Louisiana for Travel Accident Insurance:

The definition of **Covered Person** from the **DEFINITIONS** section is replaced with the following:

Covered Person means the Basic Cardmember, each Additional Cardmember, and each of these Cardmember's spouses and dependent children under 26 years of age (dependent children include: your dependent children under 26 years of age who rely on You for support and maintenance, your dependent children 26 years or older who because of a handicap condition that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and dependent upon You for lifetime care and supervision. Coverage will be extended for as long as such child is incapacitated and dependent.).

The definition of **Domestic Partner** is hereby removed from the **Definitions** section of the Description of Coverage. Additionally all references to Domestic Partner are hereby removed from the Description of Coverage.

By _____

Title _____

Date _____

TAI-RDR1-LA 10/18/10

Applicable for Residents of the State of Massachusetts for Travel Accident Insurance:

The following is hereby added to and made part of the Description of Coverage:

This Policy, alone, **does not meet Minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance.

As of January 1 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other health plans.

TAI-RDR1-MA 11/10.

Applicable for Residents of the state of New York for Travel Accident Insurance:

The definition of Covered Person from the DEFINITIONS section is replaced with the following:

Covered Person means the Basic Cardmember, each Additional Cardmember, and each of these Cardmember's spouses or Domestic Partners and dependent children.

Spouse includes the person to whom you are married, including your same-sex partner in your marriage that was legally performed in another jurisdiction.

Dependent children includes: 1. Unmarried, dependent children under age 29 who rely on the insured for support and maintenance; 2.

Unmarried dependent children 29 years or older who, because of a handicap condition or disability that occurred before the attainment of the limiting age, are incapable of self-sustaining employment and are dependent upon a parent or other care provider for lifetime care and supervision. Coverage will be extended for as long as such child is incapacitated, unmarried and dependent. 3. Natural, adopted and stepchildren of the insured who are chiefly financially dependent on the insured for support and maintenance, and 4. An adopted child or a child in the custody of the insured pursuant to an interim court order of adoption vesting temporary care of the child in the insured, regardless of whether a final order granting adoption is ultimately issued.

The definition of Domestic Partner from the DEFINITIONS section is replaced with the following:

"Domestic Partner means persons of the same or opposite gender who can provide Us with proof of the domestic partnership and financial interdependence in the form of: A.Registration as a domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months, where such registry exists, or B.For partners residing where registration does not exist, by an alternative affidavit of domestic partnership as follows:

1.The affidavit must be notarized and must contain the following: a. The partners are both eighteen years of age or older and are mentally competent to consent to contract. b. The partners are not related by blood in a manner that would bar marriage under laws of the State of New York c. The partners have been living together on a continuous basis prior to the date of the application; and
2.Proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof); and 3.Proof that the partners are financially interdependent. Two or more of the following are collectively sufficient to establish financial interdependence: a. A joint bank account; b. A joint credit card or charge card; c. Joint obligation on a loan; d. Status as an authorized signatory on the partner's bank account, credit card or charge card; e. Joint ownership of holdings or investments; f. Joint ownership of residence; g. Joint ownership of real estate other than residence; h. Listing of both partners as tenants on the lease of the shared residence; i. Shared rental payments of residence (need not be shared 50/50); j. Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence; k. A common household and shared household expenses, e.g., grocery bills, utility bills, telephone bills, etc. (need not be shared 50/50); l. Shared household budget for purposes of receiving government benefits; m. Status of one as representative payee for the other's government benefits; n. Joint ownership of major items of personal property (e.g., appliances, furniture); o. Joint ownership of a motor vehicle; p. Joint responsibility for child care (e.g., school documents, guardianship); q. Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50); r. Execution of wills naming each other as executor and/or beneficiary; s. Designation as beneficiary under the other's life insurance policy; t. Designation as beneficiary under the other's retirement benefits account ; u. Mutual grant of durable power of attorney; v. Mutual grant of authority to make health care decisions (e.g., health care power of attorney); w. Affidavit by creditor or other individual able to testify to partners' financial interdependence; x. Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case. "

The EXCLUSION section is removed and replaced with the following:

EXCLUSIONS

This Policy does not cover any loss caused or contributed to by, directly or indirectly, wholly or partially: 1.suicide, attempted suicide or intentionally self-inflicted injury; 2. war or any act of war, whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto; 3. Injury in which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation; 4. sickness, except for an infection that was the result of an Injury; 5. mental or emotional disorder; 6. pregnancy, except complications of pregnancy and except to the extent coverage is required pursuant to Section 3221 of the New York Insurance Law; or 7. the consequence of the Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

The following items are hereby removed from the TERMINATION or CANCELLATION section:

the date the Covered Person no longer maintains a Permanent Residence in the 50 United States of America, the District of Columbia, Puerto Rico or the U.S. Virgin Islands; the date We determine that the Covered Person or someone on the Covered Persons' behalf intentionally misrepresented or fraud occurred;

and replaced with:

the date We determine that the Covered Person or someone on the Covered Persons' behalf intentionally misrepresented or fraud occurred in a written instrument signed by the Covered Person; TAI-RDR2-NY 06/11

Applicable to residents of the state of Pennsylvania for Travel Accident Insurance:

The **Description of Coverage** section is removed and replaced with the following:

For Accidental Death the Company will pay the applicable benefit amount as determined from the Table of Losses for the benefits listed below if a Covered Person suffers a loss from an Injury while coverage is in force under the Policy. For Dismemberment the Company will pay the applicable benefit amount as determined from the Table of Losses for the benefits listed below if a Covered Person suffers a loss from an Injury while coverage is in force under the Policy if such loss occurs within 100 days after the date of the Accident which caused the Injury. Benefits will be paid for the greatest loss. In no event will the Company pay for more than one loss sustained by the Covered Person as the result of any one Accident. TAI-RDR10612PA