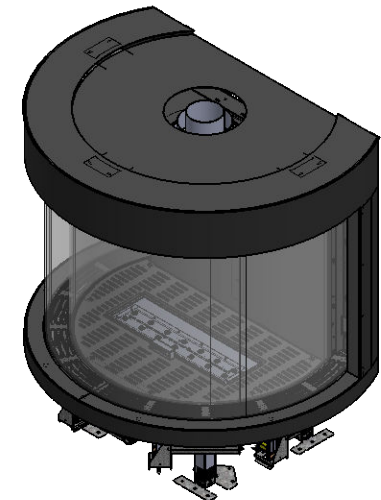
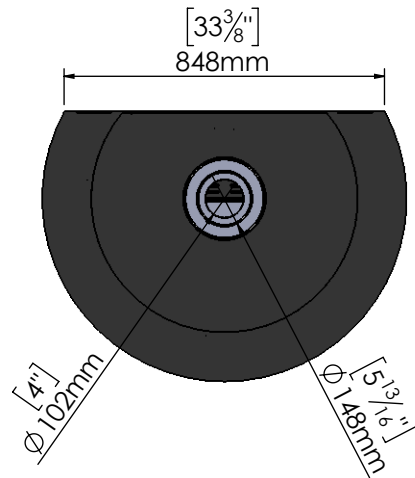
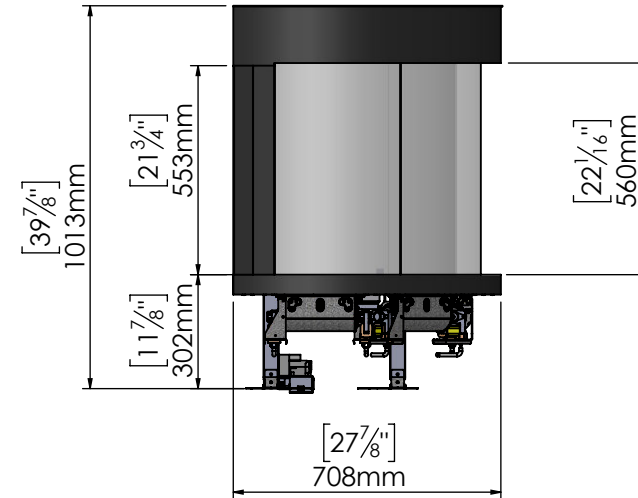
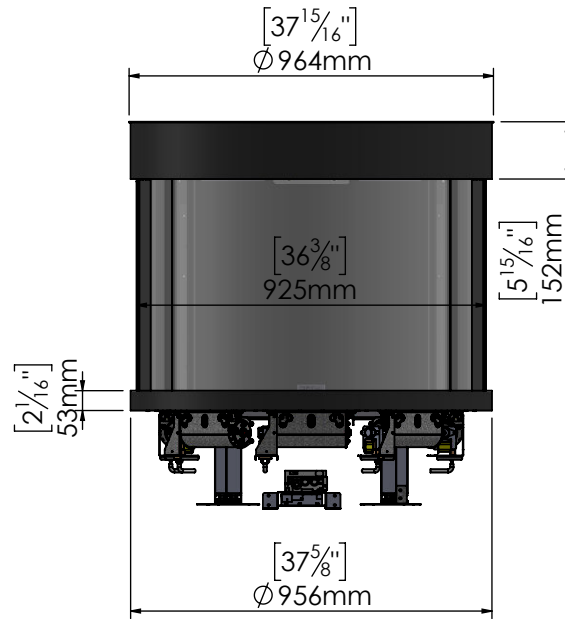


Circle 70 270

Double Glass

Flat Top
No Base



Please Note:

Order No.(fill in by Ortal): _____

Customer Signature: _____ Date: _____

Marketing Representative Signature: _____ Date: _____