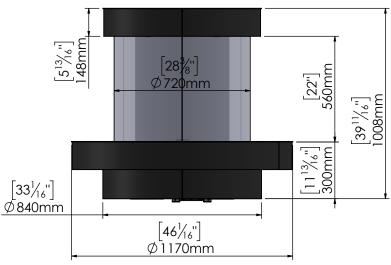
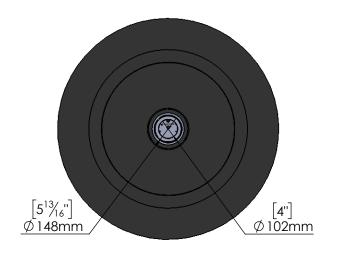


CIRCLE 70

Double Level Base Flat Top

360





Please Note:

Order No.(fill in by Ortal):_____ Customer Signature: Date: Marketing Representative Signature:_____ Date:_

