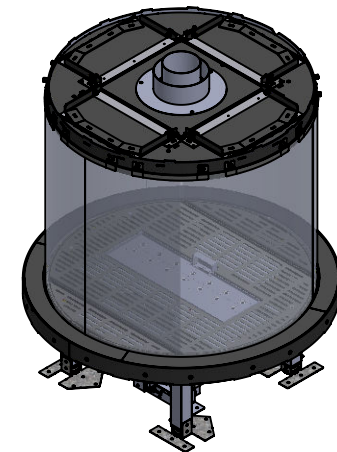
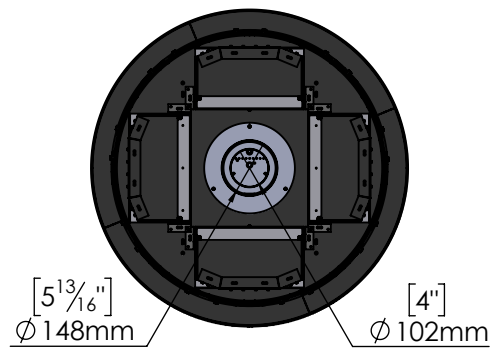
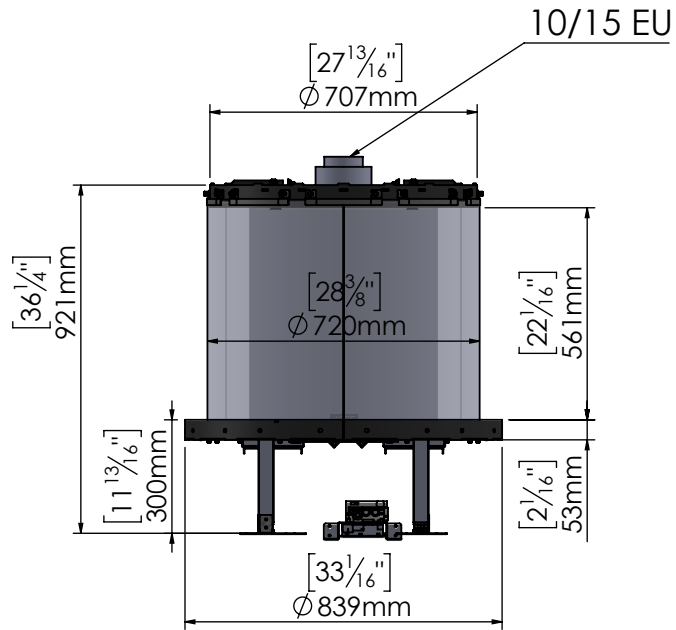


Circle 70  
360



Please Note:

Order No.(fill in by Ortal): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Marketing Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_