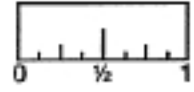


Page 1 of 1 Proof# 1

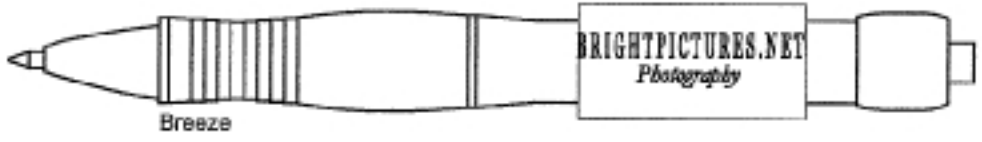
Distributor WILAR ENTERPRISES From _____
P.O.# 106591WIL Order# _____ Line# 2 JN

Fax Approved As Is Fax Approved With Changes As Noted Fax NOT Approved - Need new Proof

Signature (required): _____ Date: _____



Product Description: **Breeze Gel, Blk/Blk Grp**
Imprint Color(s): *Metallie Silver*



BRIGHTPICTURES.NET
Photography