

Page 1 of 1 Proof# 2

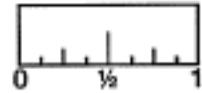
P.O.# 107280WIL

Fax Approved As Is

Fax Approved With
Changes As Noted

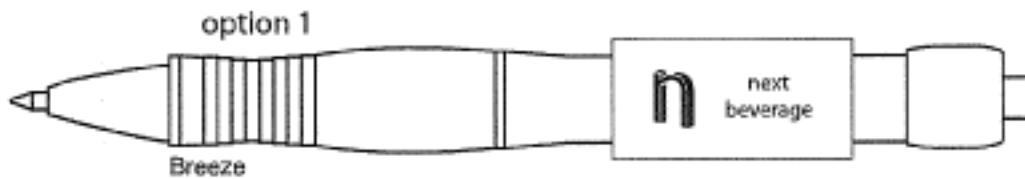
Fax **NOT** Approved - Need new Proof

Signature (required): _____ Date: _____

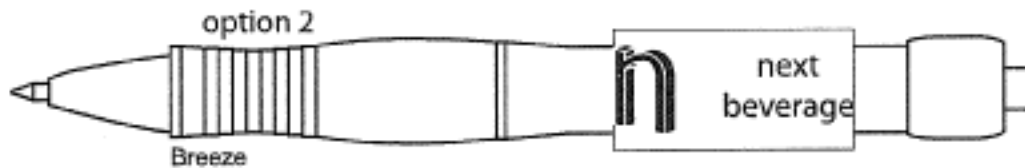


Product Description: **Breeze Gel, Blk/Blk Grp**

Imprint Color(s): **METALLIC SILVER**



n next
beverage



n next
beverage