PAPER PROOF APPROVAL REQUEST

		P.O.#: 107303WIL		
TEM #:	, ECOL RET BLACK		PROOF #	1
MPRINT	COLOR: RED IMP			
		f for your approval, or revision if no on will start upon approval.	ecessary. Plea	ase
NOTES:				

Top Actual Size and Location, Bottom Enlarged for Clarity





200% of Actual Size

Please select from PROOF APPROVED AS IS REVISION, NEED ANOTHER PROOF PROOF APPROVED WITH CHANGE OTHER	the following: This box is 1 square inch. If box measures smaller, your fax machine has reduced the actual size of copy shown above.	

SIGNATURE_DATE