CO. NAME: PHONE:	Wilar Enterprises 856-424-4818	FAX:	artwo	 rk@garrettspecialties.c	om
P.O.#:	107715WIL	S.O.#: X1142			0111
ITEM#:	30083	PROOF #:		07	
ATTN:		DATE:	9/25/0		
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APPROVED AS IS REVISE AND REPROOF (Please indicate revisions above Revised proof is required) **NO CREDIT WILL BE ISSUED FOR ANY ART ERRORS AFTER APPROVAL					

SIGNATURE_____ DATE _____ (**Your proof must be signed, dated, and an approval box must be marked before your order will proceed.)