

Name

Street Address

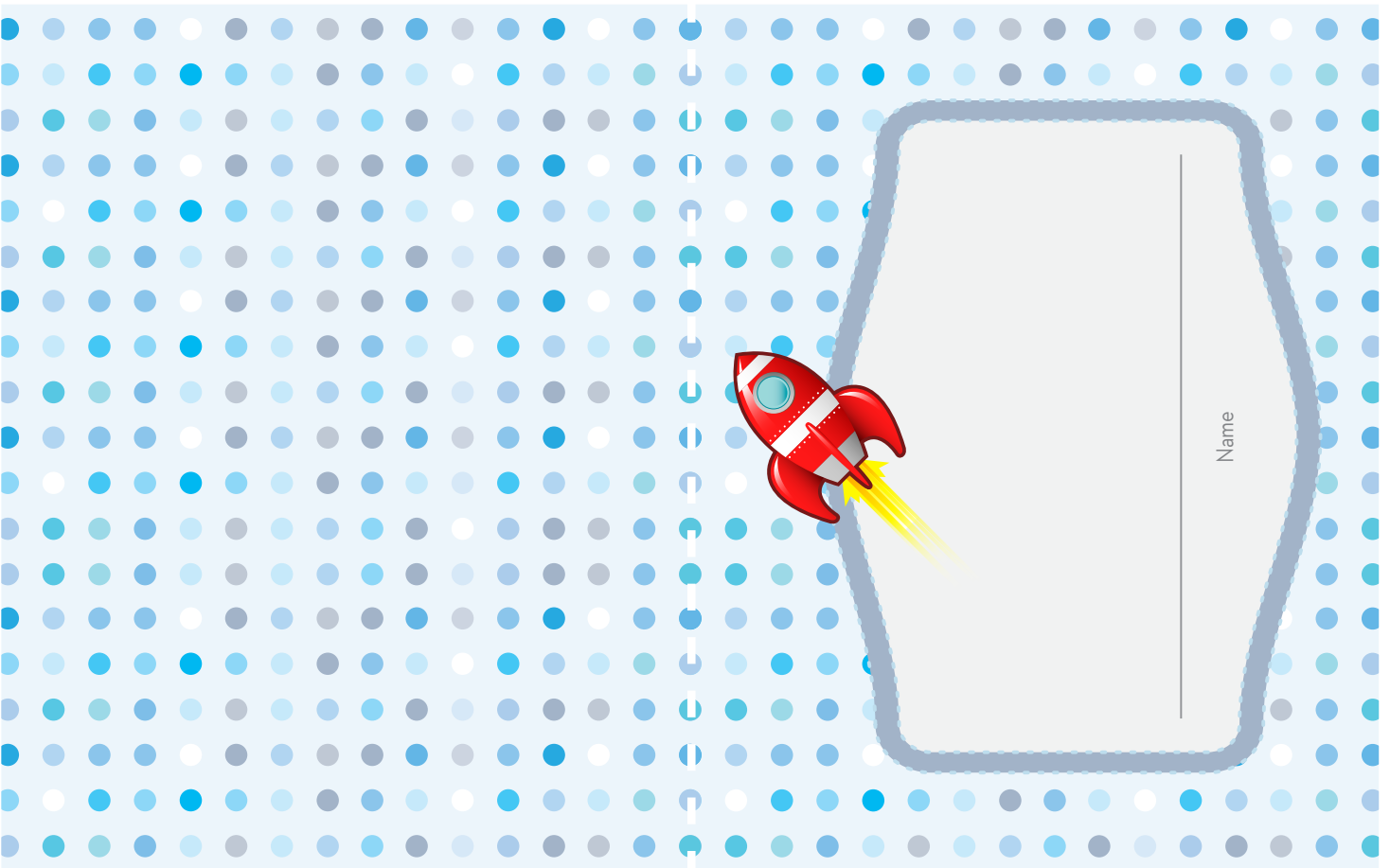
City / State

Phone Number

Secondary Phone Number

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Fold



Name