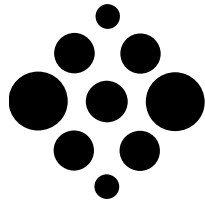


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Address		Fax
City	State Zip	DEA Number & Expiration Date
Contact Name	Title	Authorized Signature
Wholesaler	Division	Account Number