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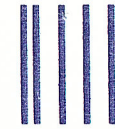
POSTAGE WILL BE PAID BY THE ADDRESSEE

WILLIAMS DENTAL LABORATORY INC
151 W 18TH ST
PO BOX 402
ERIE PA 16512-9963



Form 12

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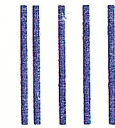
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