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NAME: Joliet Shin

FIRM: _____

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FAX #: 1-510-337-9335

From:

NAME: Travis Ross

PLEASE DELIVER AS SOON AS POSSIBLE. OPERATOR INITIALS: _____

Writer's direct fax: (510) 785-1192

NOTES:

Joliet,
Here are the
figures with TOG/TPH-6
results and benzene
concentrations. Please give
me a call.

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