

Sheet1

ID,N,8,0 FIRST,C,15 LAST,C,22 COMPANY,C,40 ADDRESS,C,40 CITY,C,20 STATE,C,10 ZIP,C,10

Sheet1

CATEGORY,C,5 TYPE,C,5 SUBTYPE,C,5 TITLE,C,30 TELEPHONE,C,20 TELEPHONE2,C,20

Sheet1

COMMENT1,C,40 ADDRESS2,C,40 DATE1,D FIGURE1,N,10,2 F1,C,10 F2,C,10 F3,C,10 F4,C,10

F5,C,10 MARKED,L