

Sheet1

FIRST,C,15 LAST,C,15 COMPANY,C,30 POSITION,C,30 ADDRESS1,C,30 ADDRESS2,C,30

Sheet1

CITY,C,15 STATE,C,2 ZIP,C,10 PHONE1,C,14 PHONE2,C,14 COMMENT1,C,50 COMMENT2,C,50

IDCODE,C,2 COPIES,N,2,0