

Sheet1

| FIRSTNAME,(LASTNAMECOMPANY,C,30 | AUXADDR,C,; | ADDRESS,C,; | CITY,C,8 | ST,C,4 | CATEG |
|---------------------------------|--------------|-------------|----------|--------|-------|
| TEST | TEST VIDEO 2 | | | | TEST |
| TEST # 4 | TEST | | | | TEST |

Sheet1

| ENTER COMMENT,C, IDNOP,TAPELGTH,C RATING,C,4 | TAPE STAR,C,25 | COSTAR,C,25 |
|--|----------------|-------------|
| ### | 15 | 1 |
| ### | 16 | 4 |