

Sheet1

DR	DC	FIELD_NAME	LABEL	C	FIE	FIE	FIE	DIS	SHOW	TABLE	C	8	VALIDATE	L
6	6	TITLE	Title:	C	55	0	55	TRUE						
8	6	SOURCE	Source:	C	25	0	25	TRUE	PAPERS			TRUE		
8	42	DATE	Date:	D	8	0	8	TRUE						
9	6	SECTION	Section:	C	1	0	1	TRUE						
9	19	PAGE	Page:	C	2	0	2	TRUE						
11	6	DESCRIPTN	Caption:	M	10	0	10	TRUE						