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	A CONTRACTOR AND A	
(NOTE: Please		
Model Number RE	-0005/613	arm.)
Name: Nathan Deppe	Date of Purchase: 9-15-01	0
Address (no PO Boxes):: 3/1		
	14 Rates Nd	
City: New Haven	State: Ma Zin:/200	
Phone (Daytime): (636) 239		8
E-mail Address:		
Please describe your problem	1:	
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Additional Information: (Amn	no type, brand, handload specificatio	ons,
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	ington.	
Repair Form (NOTE: Please print and complete this form, and then include it with your firearm.)		
Model Number: Model 700 L55 Name: Math. Dasa		
	Date of Purchase: 9-15-01	
Address (no PO Boxes):: 3/4/9	Yeates Rd.	
City (
City: New Haven	State: M.O. Zip:63068	
Phone (Daytime): (636)239-71-	79 rax:	
E-mail Address:	· · · · · · · · · · · · · · · · · · ·	
Please describe your problem:		
Additional Information: (Ammo ty etc.)	ype, brand, handload specifications,	
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	before sending it. Ent further damage in shipping and handling.	
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