









WI

WVH

WHITE C

PL

COP

71

BLA

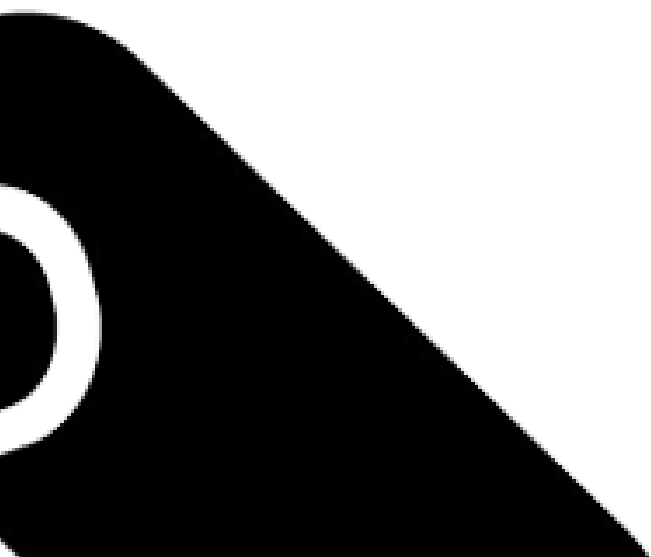
АСК

PL

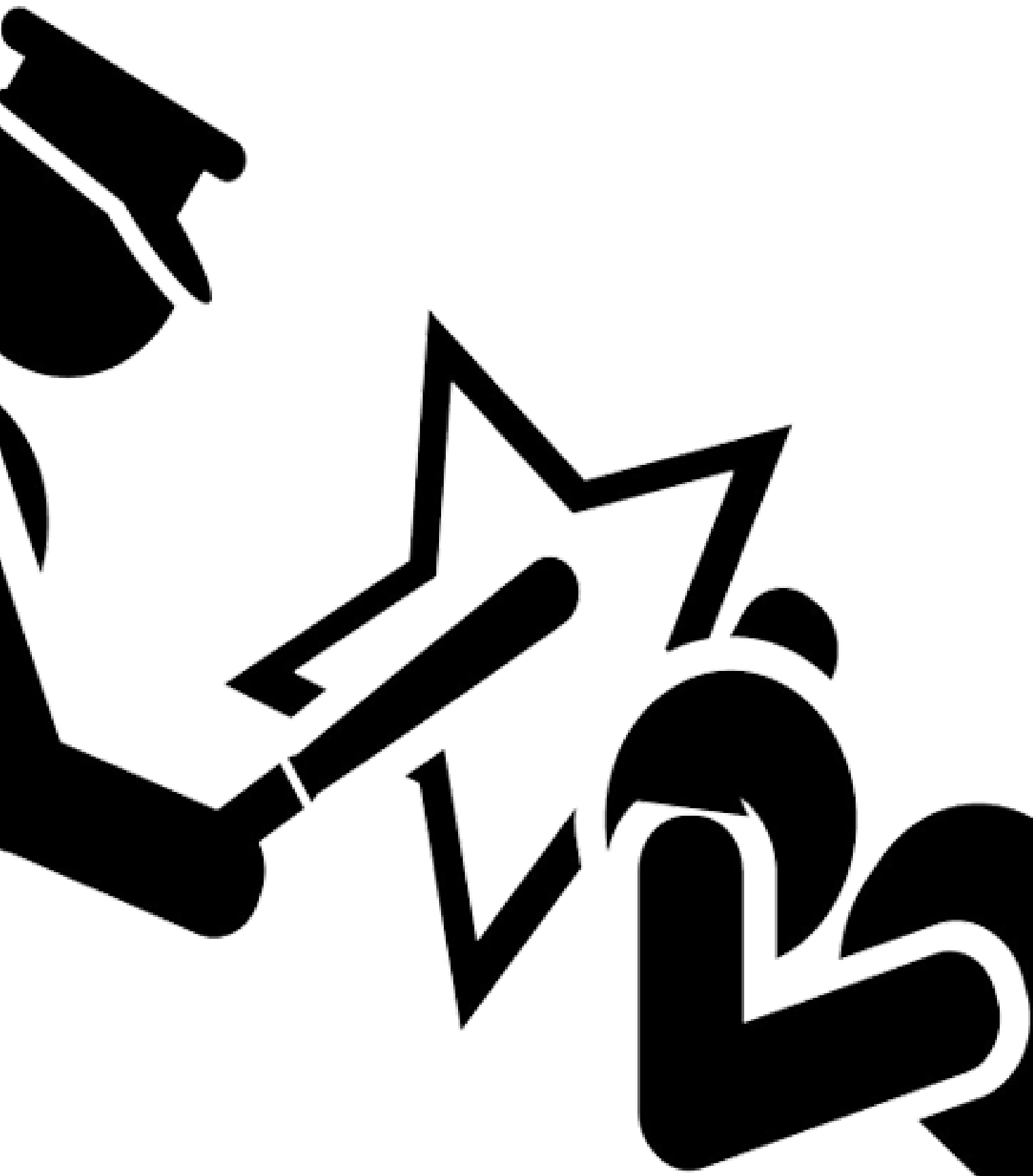
COOP













11

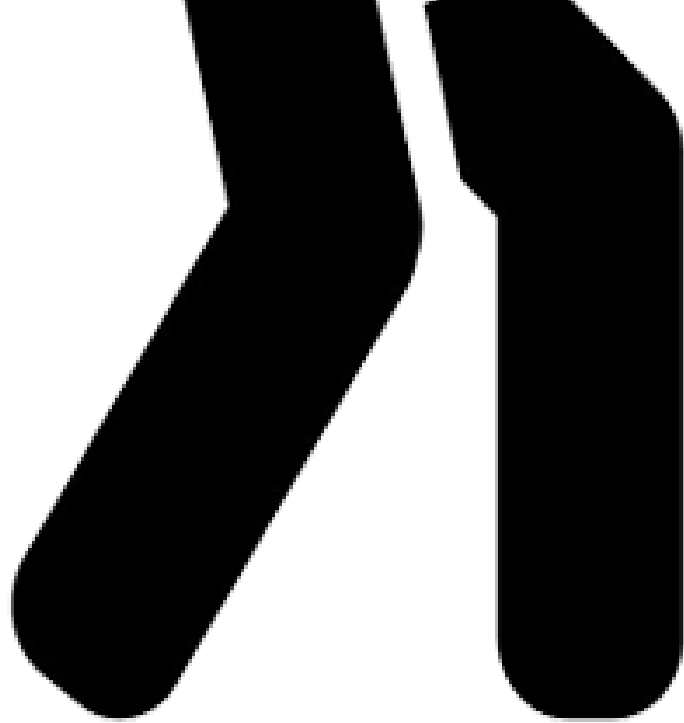
GA

AY CO

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S



STRA

NIGHT

**Y
L**

COOP



PINK

Notice of Termination

Employee # _____

Effective date: _____









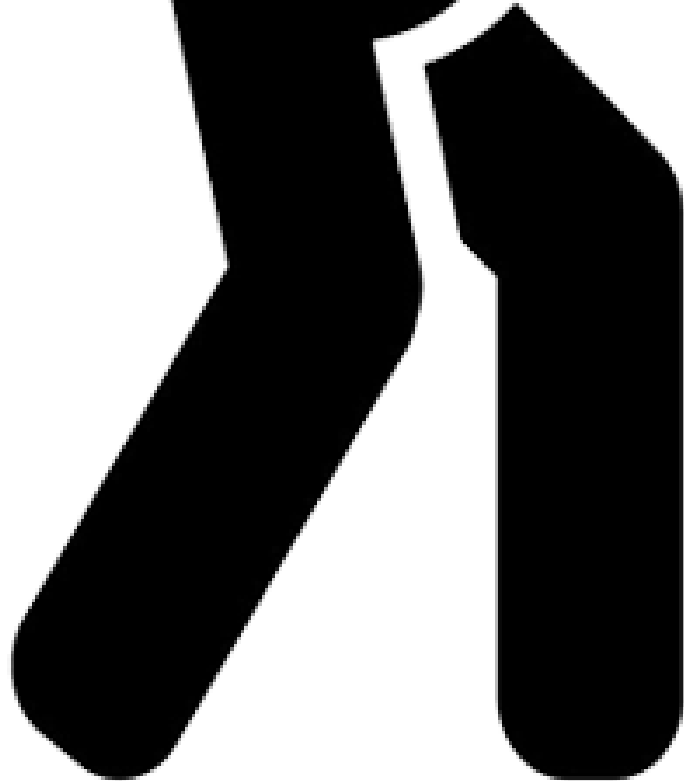


GO



OOD C

OP



B

AD CO

TOP

OP