

From _____

Address _____

ZIP CODE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO. 66 WOODINVILLE, WA

POSTAGE WILL BE PAID BY ADDRESSEE

Olympic Orthodontic Laboratory, Inc.
PO Box 3015
Woodinville, WA 98072-9807

