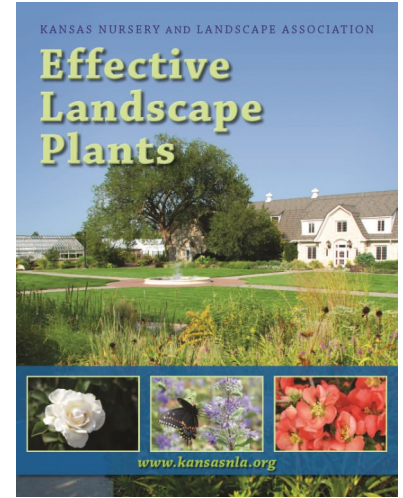



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_____	Each	\$3.00	\$4.50	\$ _____
_____	50 per case	\$137.50	\$225.00	\$ _____
Order Subtotal \$ _____		Shipping & Handling \$ _____		
Sales Tax \$ _____ (Please calculate your local sales tax if not for resale)				
TOTAL ENCLOSED \$ _____				
Ship order to: <i>(UPS Shipping Address Please)</i>				
Name: _____			Telephone: _____	
Shipping Address: _____				
Billing:				
_____ Check Enclosed <i>(made payable to KNLA)</i>				
_____ Master Card _____ VISA _____ Discover				
Card Number: _____			Signature _____	
Expiration Date _____		Digit code on back _____		Billing Zip Code _____
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