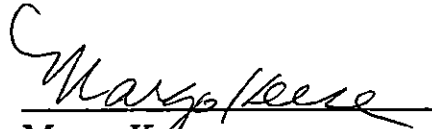
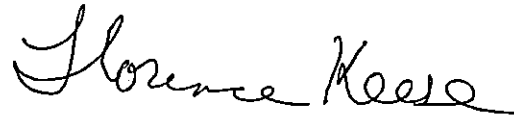


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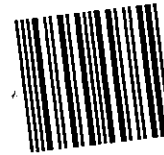
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Date Accepted (MM/DD/YY) 8-7-20	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 4:08	10:30 AM Delivery Fee <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
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