





<b>TOP LEFT</b>		<b>TYPE OF PRINT</b>		<b>GROUP</b>	
		<input type="checkbox"/> B/W	A	<input type="checkbox"/>	
		<input type="checkbox"/> COL	B	<input type="checkbox"/>	
<b>SCORING</b>		<input type="checkbox"/> O/M	S	<input type="checkbox"/>	
<b>HPY</b>	<b>EOY</b>	<b>DATE</b>		<b>COMP #</b>	
<b>Print#</b>	<b>Print#</b>				
<b>Score</b>	<b>Score</b>	<b>TITLE</b>			
		<b>(DESCR)</b>			
<b>Place</b>	<b>Place</b>	<b>MAKER</b>			
		See RULES and GUIDE for more			
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<b>HPY</b>	<b>EOY</b>	<b>DATE</b>		<b>COMP #</b>	
<b>Print#</b>	<b>Print#</b>				
<b>Score</b>	<b>Score</b>	<b>TITLE</b>			
		<b>(DESCR)</b>			
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<b>Score</b>	<b>Score</b>	<b>TITLE</b>			
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<b>Place</b>	<b>Place</b>	<b>MAKER</b>			
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**EXHIBIT LABEL**

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Exhibit \_\_\_\_\_

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