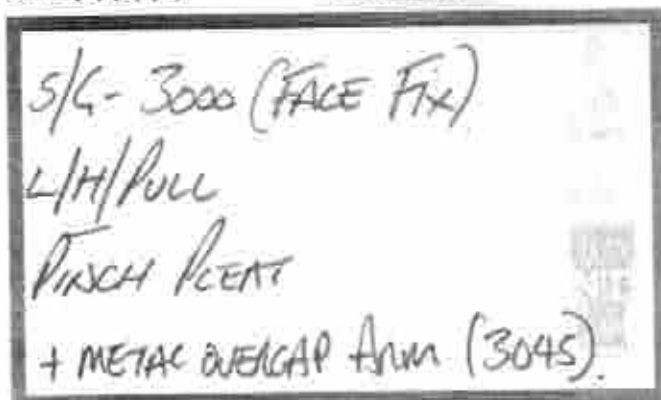
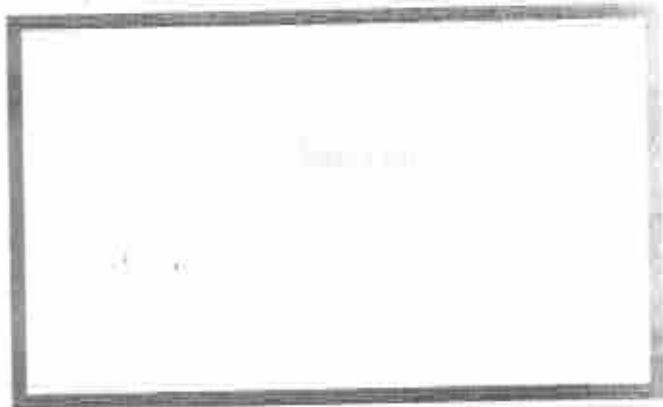


## LITTLEHAMPTON BLINDS

CUSTOMER NAME: *JEV HAVES*ADDRESS: *15 CHARLES SQUARE*PHONE:  
EMAIL:LOCATION: *LOUNGE* BLIND TYPE: *GROSS*  
BRACKET TYPE: FABRIC:  
SIZE: (R) (B) (G) CNTL/DRW:W: *2860* D: *2200* INSTALL: *2220*LOCATION: BLIND TYPE:  
BRACKET TYPE: FABRIC:  
SIZE: (R) (B) (G) CNTL/DRW:

W: D: INSTALL:

LOCATION: BLIND TYPE:  
BRACKET TYPE: FABRIC:  
SIZE: (R) (B) (G) CNTL/DRW:LOCATION: BLIND TYPE:  
BRACKET TYPE: FABRIC:  
SIZE: (R) (B) (G) CNTL/DRW: