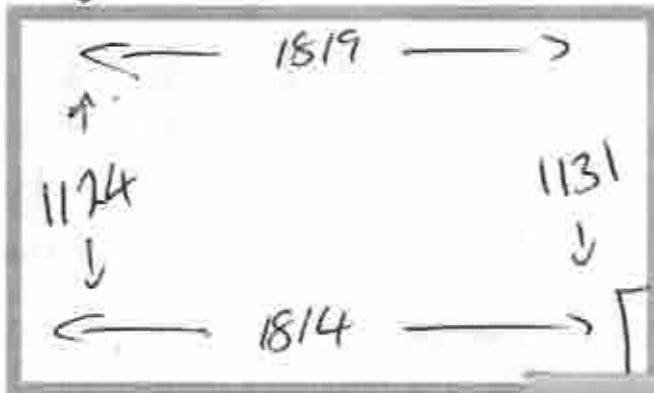
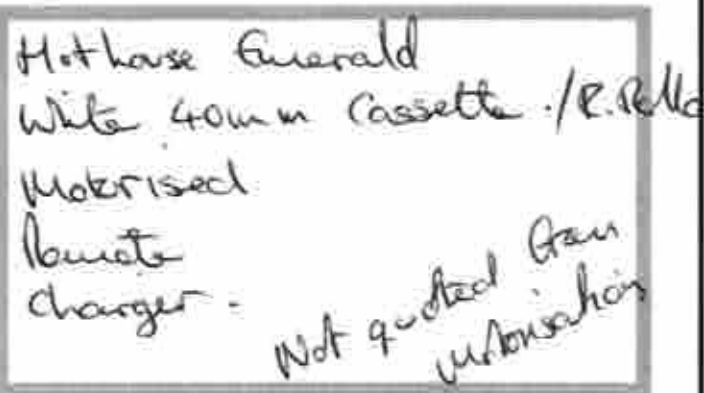


**WILKINSON HAMPTON BLINDS****CUSTOMER NAME:**

Boare

**ADDRESS:****PHONE:****EMAIL:****LOCATION:** Bathroom**BLIND TYPE:** Roller**BRACKET TYPE:** Top Fix**FABRIC:****SIZE:** (R) (B) (G)**CNTL/DRW:****W:****D:****INSTALL:****LOCATION:****BLIND TYPE:****BRACKET TYPE:****FABRIC:****SIZE:** (R) (B) (G)**CNTL/DRW:****W:****D:****INSTALL:**