

From _____

BUSINESS REPLY LABEL

FIRST-CLASS MAIL

PERMIT NO. 13

SMYRNA TN

POSTAGE WILL BE PAID BY ADDRESSEE

PETERMAN DENTAL LABORATORY
8020 SAFARI DR
SMYRNA TN 37167-9920

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



FRAGILE HANDLE WITH CARE