
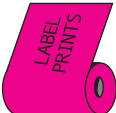
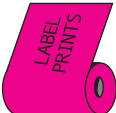


FL# 294560
 Labels Per Roll: 500
 Rolls Per Case: 20

WIND DIRECTION 



 SPECIALTY PRINTING CONVERTING BETTER IDEAS 4 Thompson Rd. • East Windsor, CT 06088 • M: 860.623.8870 • F: 860.623.8861	<p>- THIS PROOF MAY NOT DISPLAY OR PRODUCE ACCURATE COLOR MATCH -</p> <p>Please review the design, copy and ink breakdown carefully. If any corrections are required, please make them on this sheet. Orders will not proceed without written approval. Your signature gives us permission to proceed with this design, tooling, and order.</p>																	
<table border="1" style="width: 100%;"> <tr> <td>Customer: Food Lion</td> <td>Date: 03/21/14</td> </tr> <tr> <td>Job ID: FL598</td> <td>Rev:</td> </tr> <tr> <td>Label Size: 3.0 W x 5.0 H</td> <td>CR: .125</td> </tr> <tr> <td>Approval: _____</td> <td>Date: _____</td> </tr> <tr> <td>Approval: _____</td> <td>Date: _____</td> </tr> </table>	Customer: Food Lion	Date: 03/21/14	Job ID: FL598	Rev:	Label Size: 3.0 W x 5.0 H	CR: .125	Approval: _____	Date: _____	Approval: _____	Date: _____	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Front:</td> <td style="width: 10%;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="font-size: 8px;">Black</div> <div style="width: 10px; height: 10px; background-color: orange; margin-bottom: 2px;"></div> <div style="font-size: 8px;">137 Orange</div> </div> </td> <td style="width: 15%; text-align: right;">Wind 3</td> </tr> <tr> <td>Back:</td> <td> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: right;">  </td> </tr> </table>	Front:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="font-size: 8px;">Black</div> <div style="width: 10px; height: 10px; background-color: orange; margin-bottom: 2px;"></div> <div style="font-size: 8px;">137 Orange</div> </div>	Wind 3	Back:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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