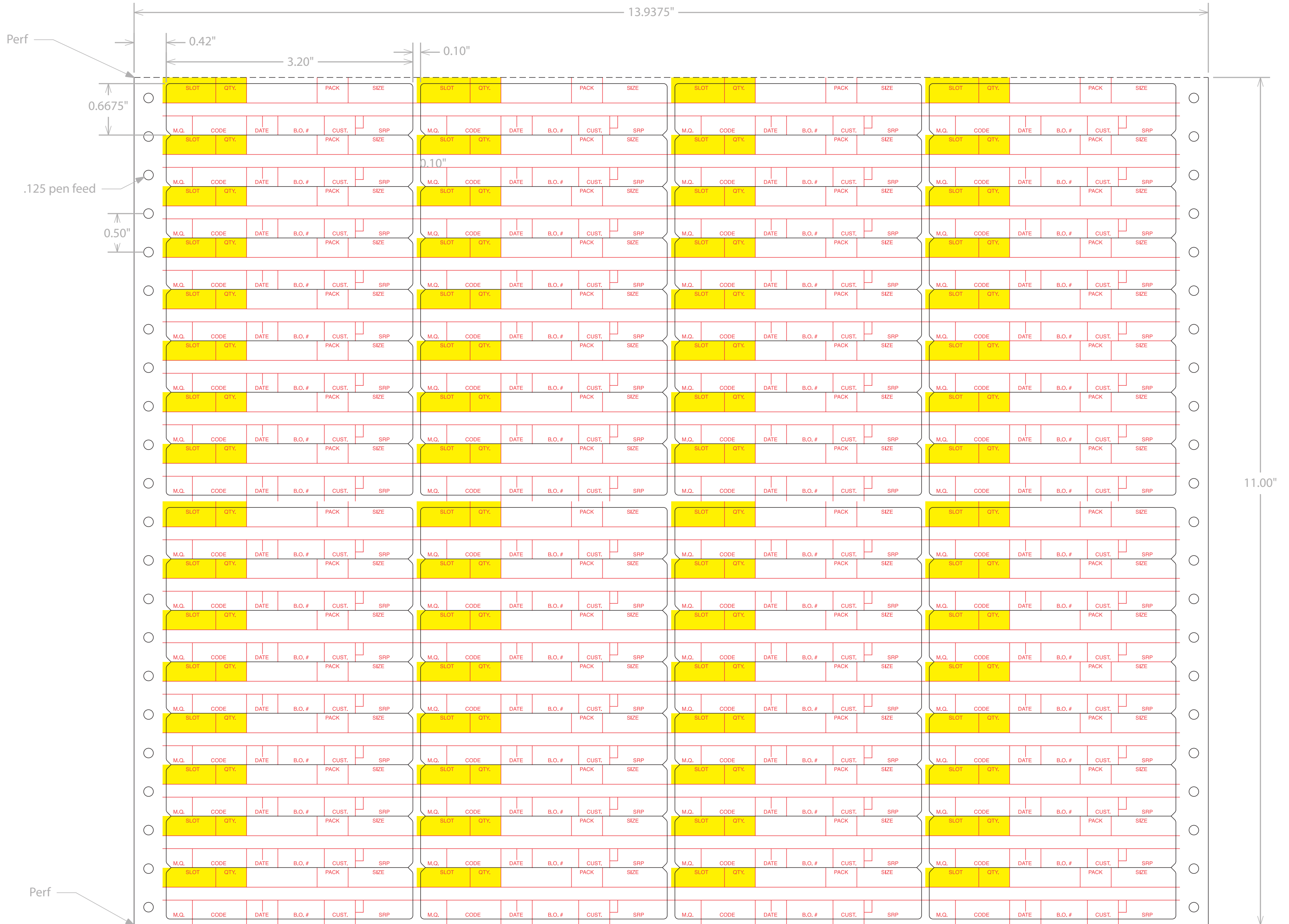


Proof

Our Graphics Department has prepared this proof to help you visualize copy placement and color separation of your label. Please review the design concept as well as the ink colors carefully. Your signature of approval gives us permission to proceed with your order. If any corrections are required, please make them on this sheet. **Please return this proof promptly via mail or fax. Orders will not proceed without written approval by the customer.**

- NOT FOR EXACT COLOR MATCH FOR PLACEMENT ONLY -

PB16-15 10TPI
C .068 T .032 H .937
1 perf Blade



CUSTOMER SIGN-OFF
If any corrections are required, please make them on this sheet.

Approved by: _____
Signature Date

Thank you,

 **SPECIALTY PRINTING LLC**
Label Manufacturers
4 Thompson Road
East Windsor, CT 06036
Main Office: (860) 623-8870 Fax: (860) 623-8861

SPECIALTY SIGN-OFF

Approved by: _____
Production Coordinator Signature Date

Approved by: _____
Art Dept. Signature Date

LABEL INFORMATION

Designed by: **Lance Doyle** Date: **11/27/06**
Customer: **Hannaford**
Job ID: **HAN02** Rev: **01**
Label Size: **3.2** "W x **5.42** "H CR:
Fonts: **Helvetica medium**
 Spot Colors: Four Color Process:
PMS: **185 Red** PMS: _____ PMS: _____
PMS: **Proc. Yellow** PMS: _____ PMS: _____
PMS: _____ PMS: _____ PMS: _____
PMS: _____ PMS: _____ PMS: _____

