

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 -

Store #:
Date Scanned:
CAO

LABEL SHOWN ACTUAL SIZE

CUSTOMER SIGN-OFF				
If any corrections are required, please make them on this sheet.				
Approved by:				
Signature Thank you,	Date			
SPECIALTY PRINTING LLC Label Manufacturers 4 Thompson Road East Windsor, CT 06066 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: <u>L</u>	ance Doyle		_ Date:	
Customer: Hann	ıaford			
Job ID: <u><i>HAN74</i></u>	!		_ Rev: <i>01</i>	
Label Size: 5	. <i>0</i> "W x	<i>3.0</i> "H	CR:	
Fonts: NA				
PMS: Black	PMS:	P	MS:	
PMS: 803 Yellow	PMS:	P	MS:	
PMS:	PMS:	P	MS:	
PMS:	PMS:	P	MS:	
ILABEL SINIBUL SINIBUL SIRBUT 0 2		LABEL / SLE		