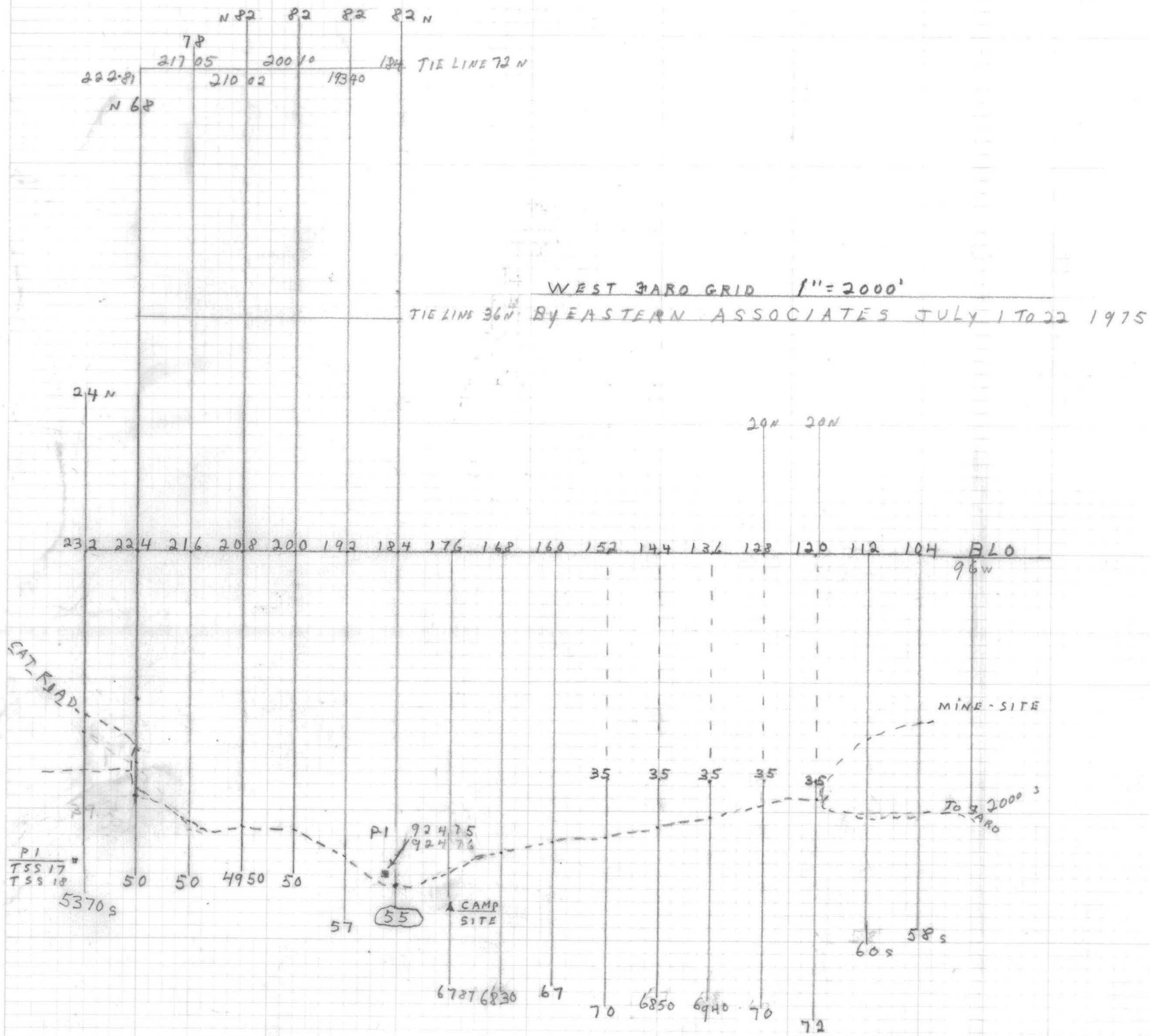
BY.....DATE..... SUBJECT..... SHEET NO.....OF.....

CHKD. BY.....DATE..... JOB NO. WEST FARO

27.5 MILES



105K-6

FARO CLAIM GROUP

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