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REQUIRED: The Client hereby confirms it has read and understands the aforementioned terms of service

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REQUIRED: Client Information:

Company Legal Name: Langlade Springs/Northern Chill

State of Incorporation: Wisconsin

Company Mailing Address (no P.O. Boxes) - must match address given on Page 1:

W6933 State Hwy 64
Polar WI 54418

REQUIRED: Client Primary Contact and Authorized Sender

First Name: Curt Last Name: Kufner

Job Title: President Phone Number: 715-602-6317

Email Address (must match the URL of company's domain name):

marketing@northernchill.com Cell Phone: 703 568 0658

Initials: CK (REQUIRED)

Additional Authorized Senders

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

REQUIRED: The Client hereby authorizes these parties to issue press releases for distribution on its behalf.

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REQUIRED: The Client hereby agrees to all terms and conditions included in the Agreement.

Primary Authorized Sender Signature: 

Print Name: Curt Kufner

Position/Title: President

Date: 9/15/18

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