

**FAX TRANSMITTAL FORM**  
**WELLPINIT SCHOOL DISTRICT #49**

**To:** \_\_\_\_\_

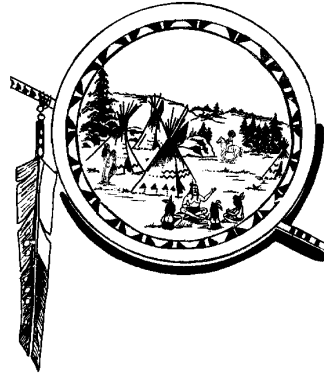
**Fax No.:** \_\_\_\_\_

**Institution/Firm:** \_\_\_\_\_

**From:** WELLPINIT DISTRICT OFFICE  
P. O. Box 390  
6230 Old School Road  
Wellpinit, WA 99040-0390

**Phone:** 509-258-4535

**Fax:** 509-258-4065



**Sender's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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