

FAX TRANSMITTAL FORM
WELLPINIT SCHOOL DISTRICT #49

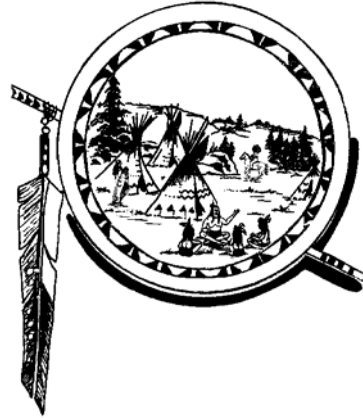
To: _____ Fax No.: _____

Institution/Firm: _____

From: WELLPINIT MIDDLE SCHOOL
P. O. Box 390
6230 Old school Road
Wellpinit, WA 99040-0390

Phone: 509-258-4535

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Sender's Name: _____ Date: _____

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