

Sheet1

CL	FIRST_NAME	INITI	LAST_NAME	SALL	ADDRESS1,C,30	ADDRESS2,C	CITY,C,25	PROV
2			R G JENKINS	MR	4094 FLEMISH DR		BURLINGTON	ONT

Sheet1

PCODE,C,7 PHONENO,C,PHONEBUS,CBIRTHDAY,D DRIVERLIC,C,TYPE,C,2 WHY,C,2

Sheet1

AREA,C,2	DATE_LAST,DATE	IDOL_NOTES,M	SUIT,C,7	SHIRT,C,7	WAIST,C,7
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