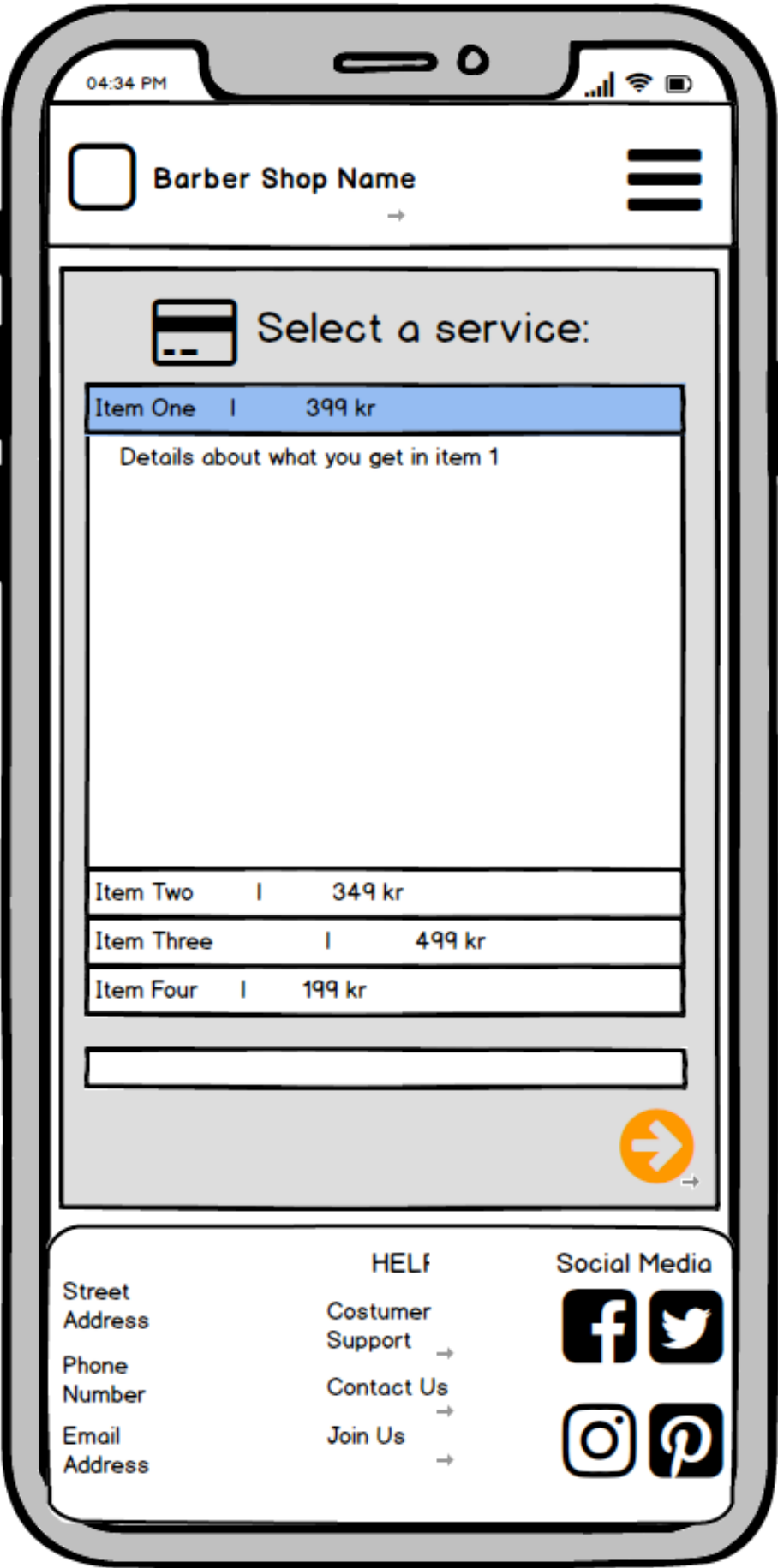


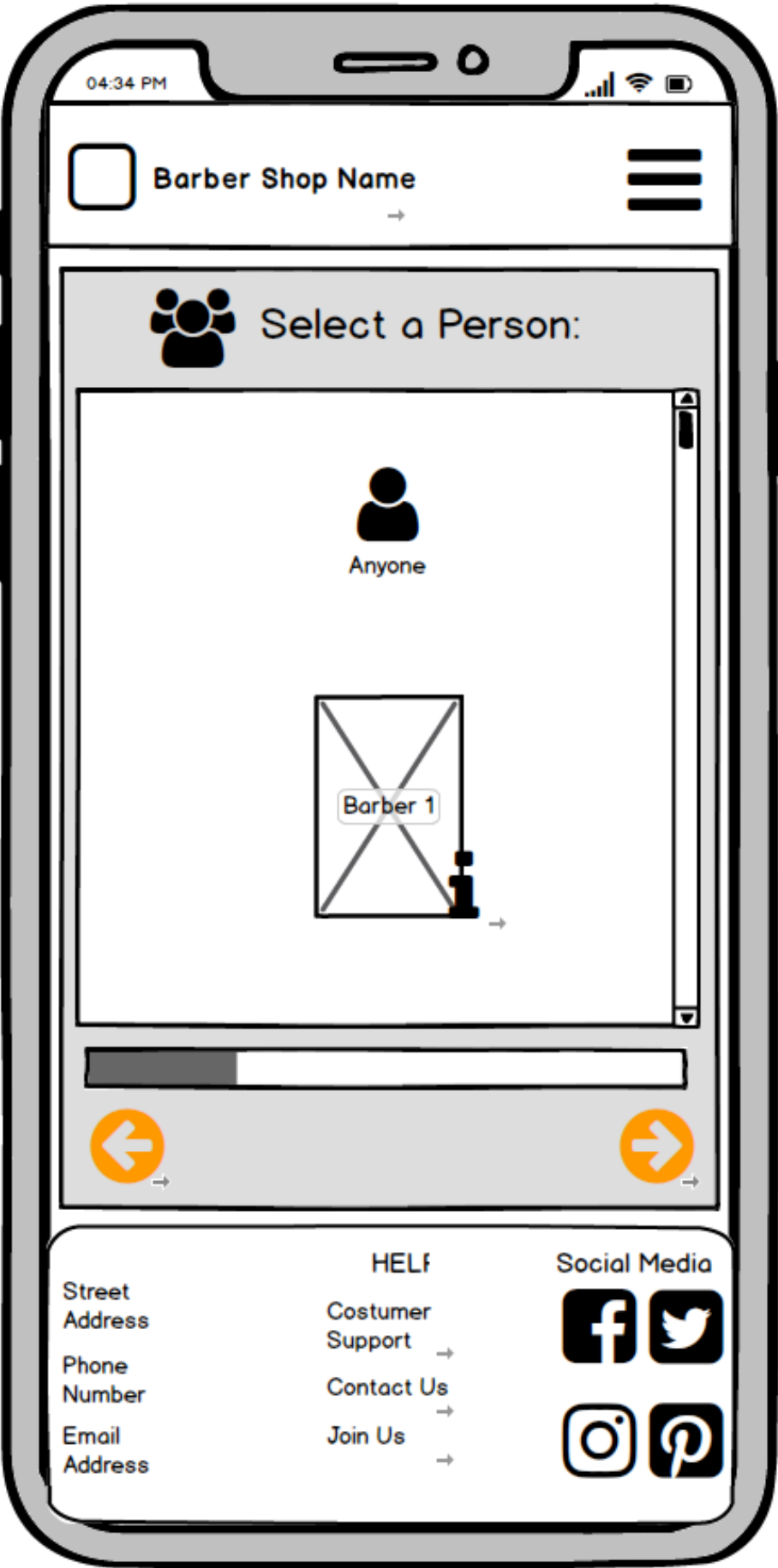
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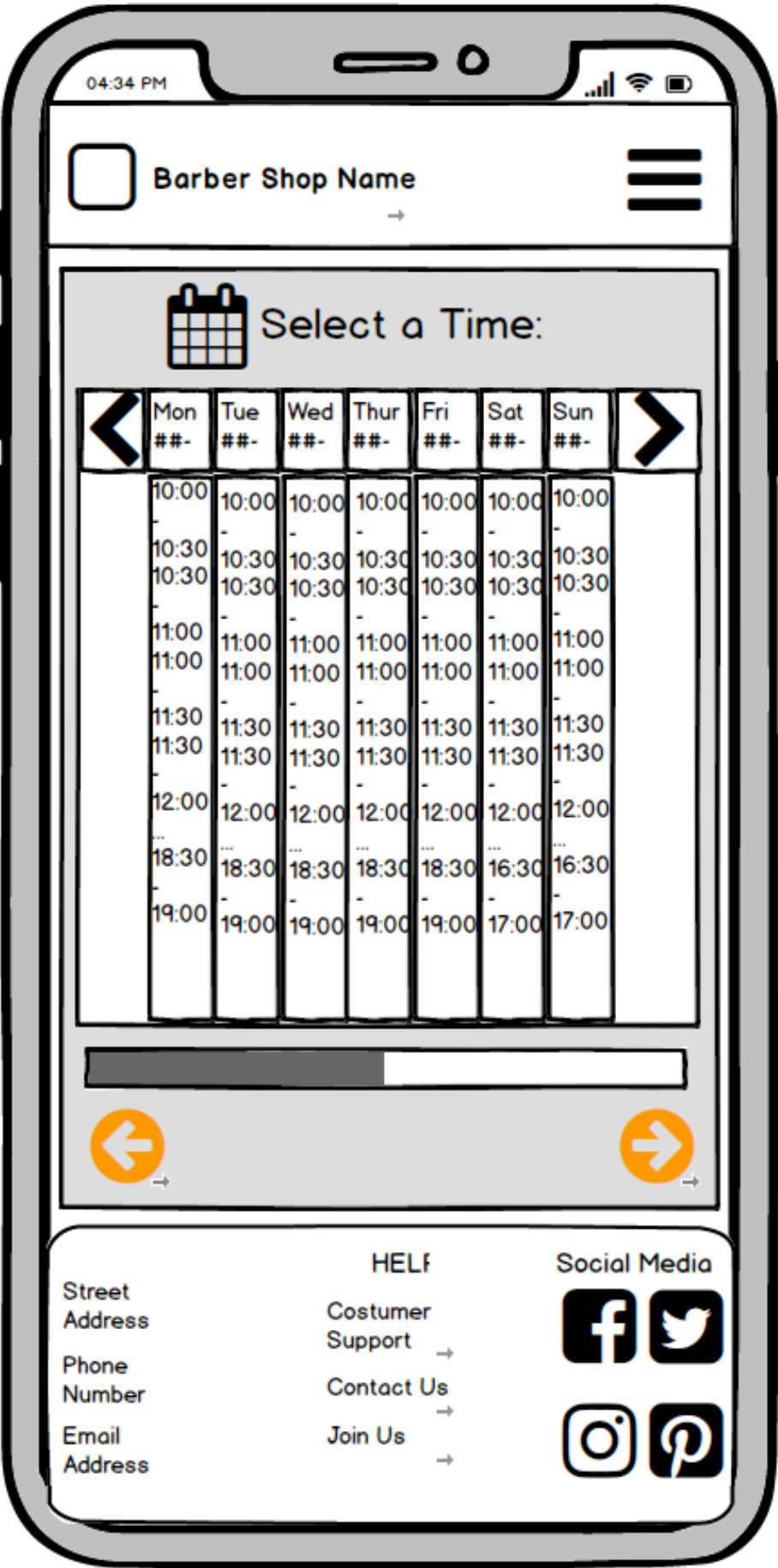
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Fill Out Information:

Full Name:

Phone:

Email:

Additional Information:

Submit

Street Address

Phone Number

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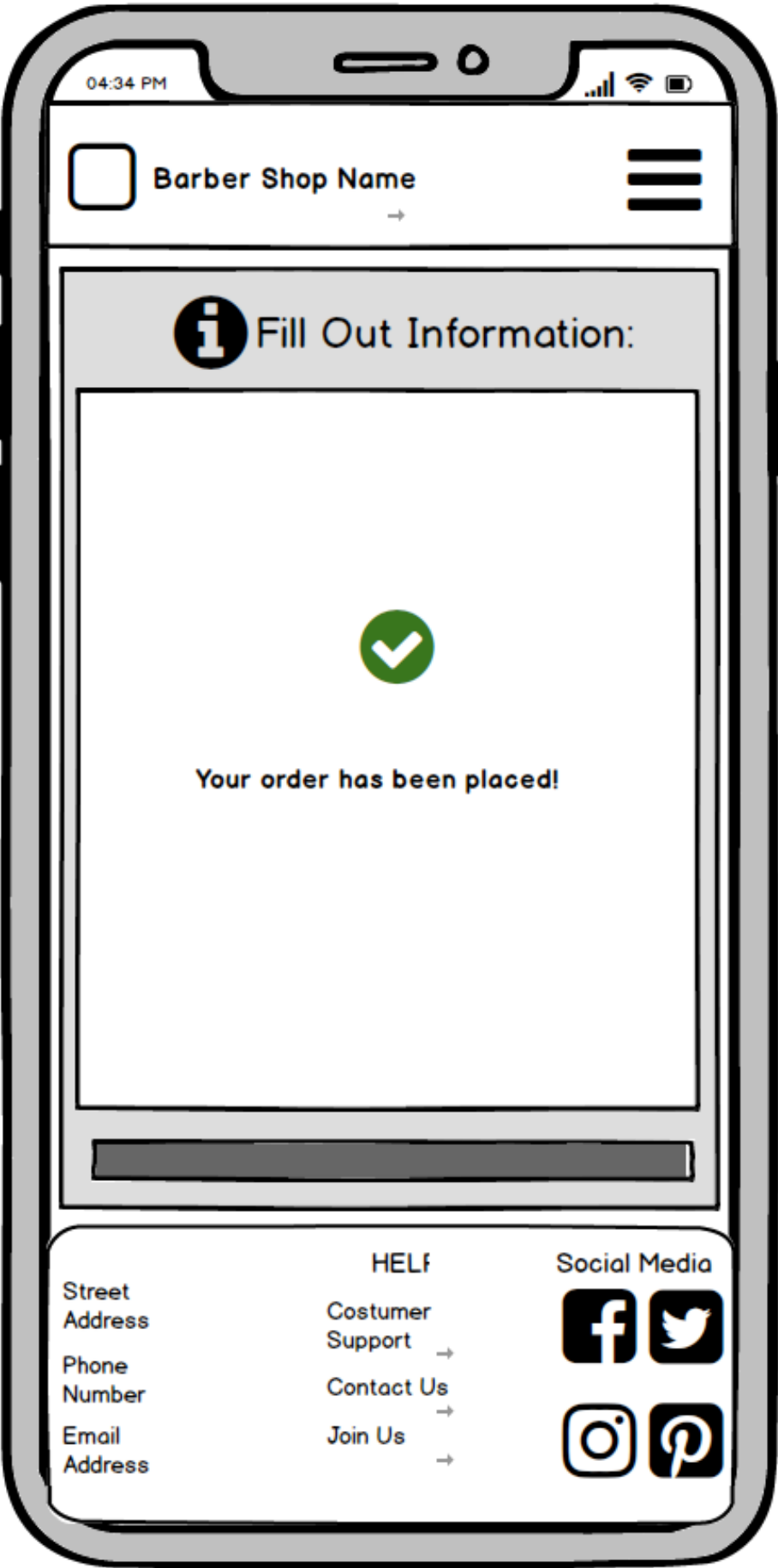
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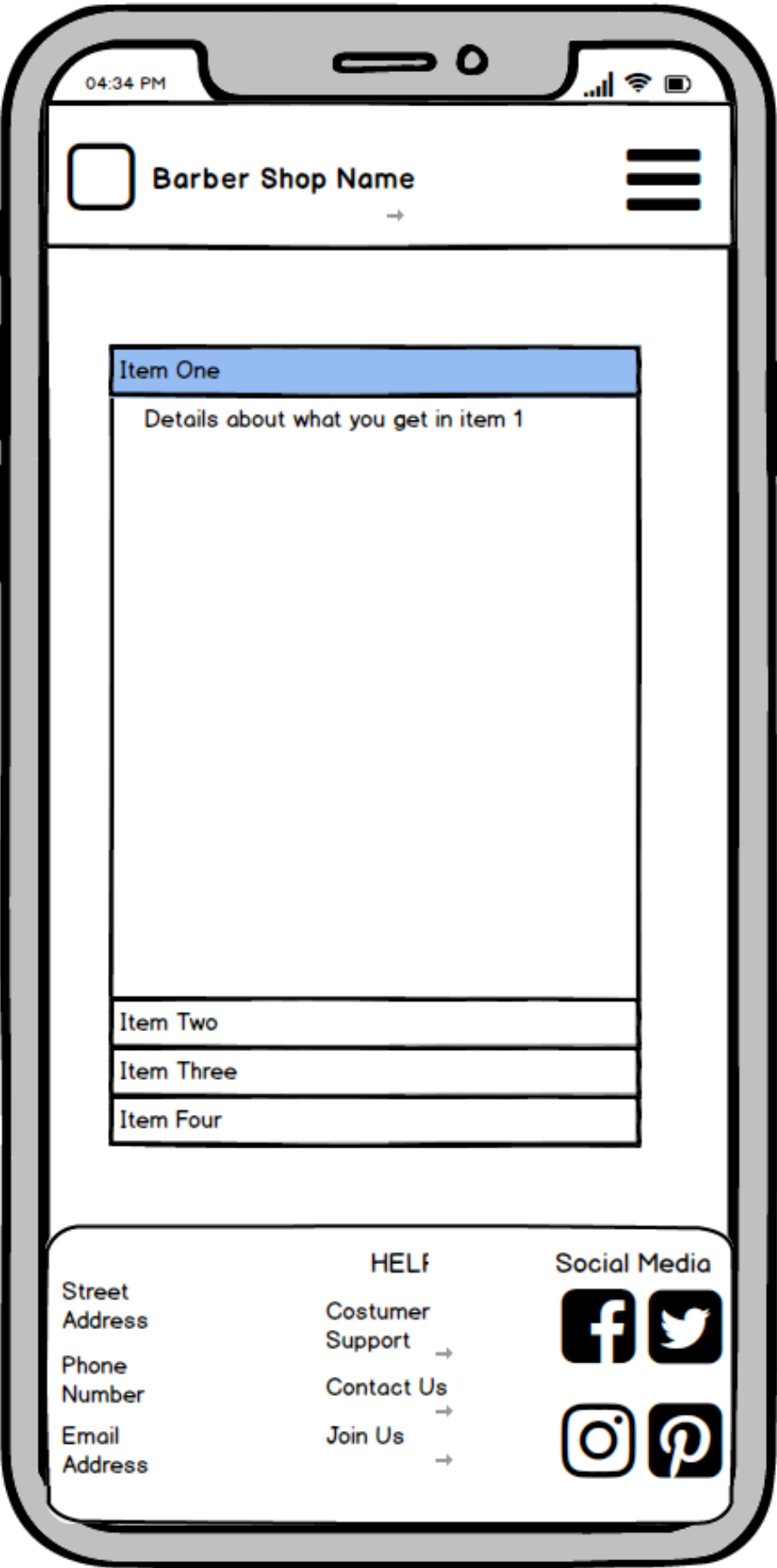
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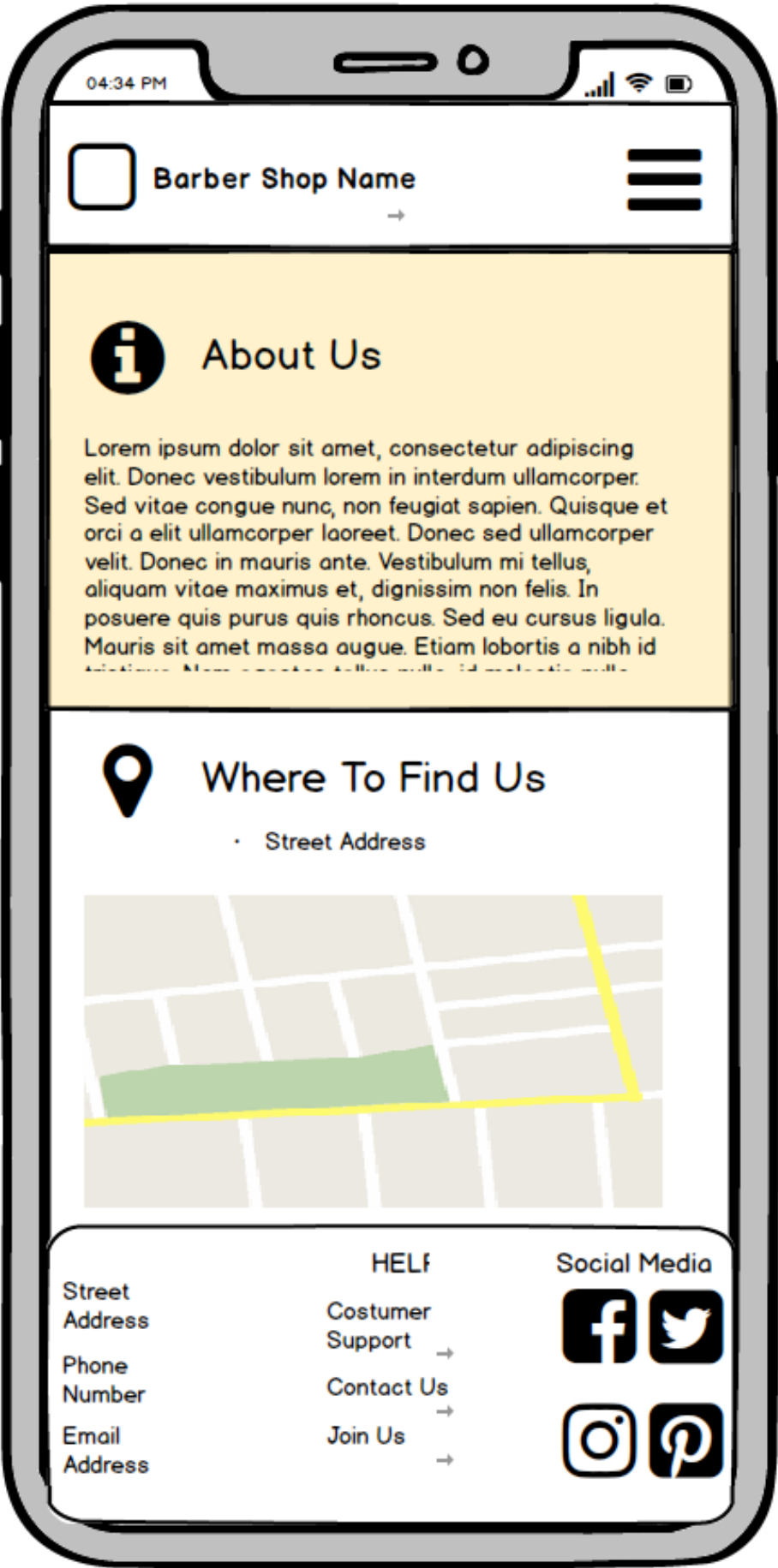
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Full Name:

Phone:

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Message:

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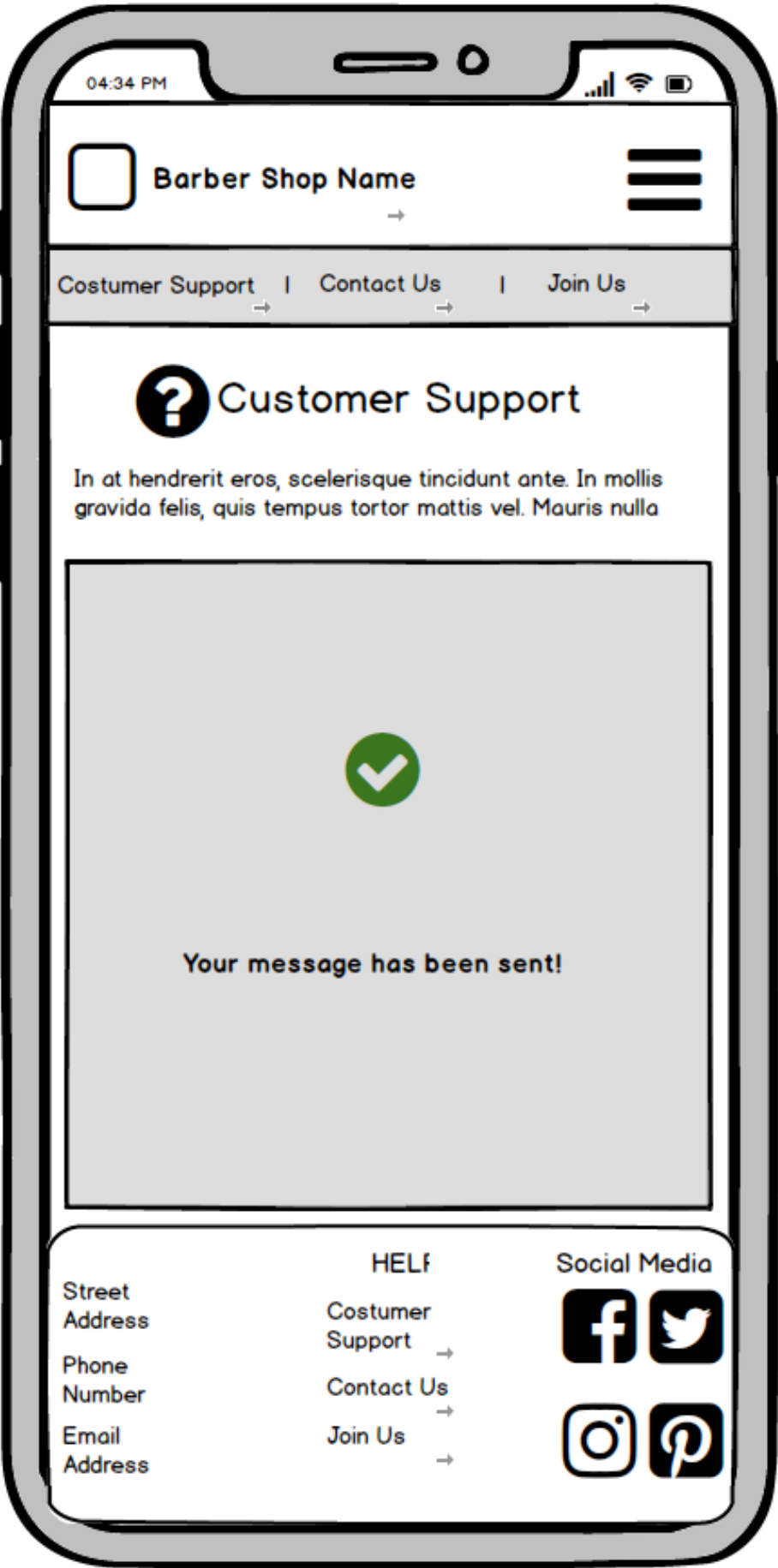
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- Accountant

Full Name:

Email:

Phone:

Message:

Attach your CV:

Submit

Street Address

Phone Number

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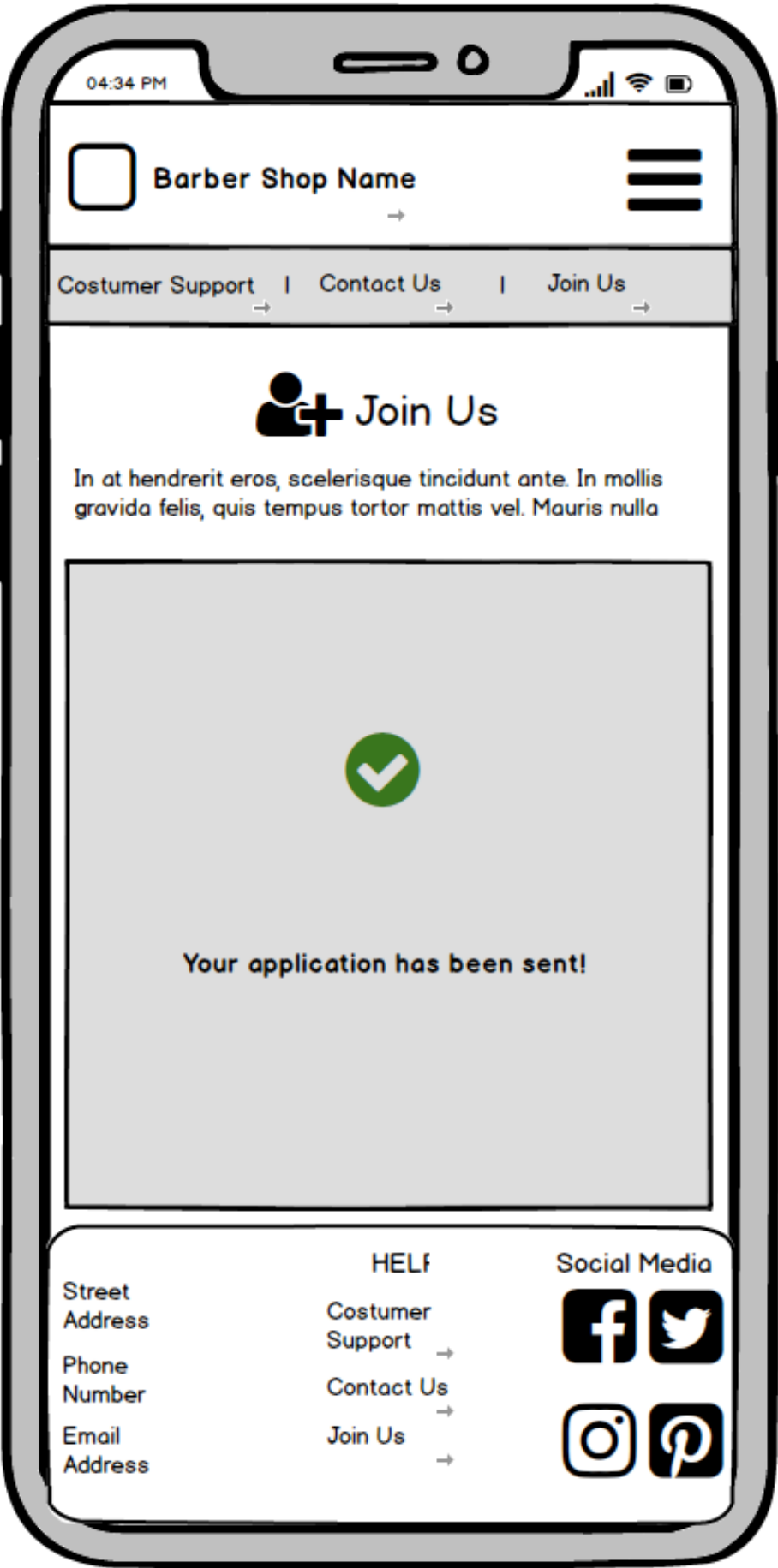
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