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INVOICE # A16838

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Mahoney	/			FIRST NAME Lisa					COMPANY NAME								
ADDRESS 67 Old Farm Rd					Sturbridge			- 1	STATE COUNTRY				POSTAL CODE 01566				
EMAIL ADDRESS Lisa.Mah	s noney@1:	stdibs.c	WEBSITE 1STDIBS								D	RIVER'S LI	CENSE#				
METHOD OF PAYMENT VISA/MC AMEX CHECK CASH OTHER														ORIGIN			
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ALL CLAIMS AND RETURNED GOODS **MUST BE** ACCOMPANIED BY THIS INVOICE

THANK YOU