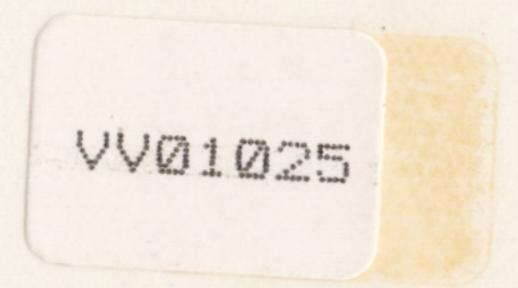
WARRANTY REGISTRATION CARD

YOU MUST RETURN THIS CARD TO BE ELIGILBE FOR PRODUCT SUPPORT AND PROGRAM UPDATES.



NAME							
ADDRESS							
CITY	_STATE	ZIP					
PHONE ()	PURCHASE DATE						
PLACE PURCHASED							
COMPUTER MAKE & MODEL		48K					
PRINTER	_INTERFACE						
INPUT DEVICE (brand)		_(i.e. touch pad, light pen, mouse, graphics tablet.					
HOW DID YOU HEAR ABOUT THIS PROGRAM?							
STORE ADVERTISING IN							
REASON FOR PURCHASING THIS PROGRAM?							
HOME BUSINESS EDUCATION	OTHER_						

SPECIAL OFFER
TO REGISTERED OWNERS

BACK-UP DISK

	sending this certificate BAUDVILLE.	e along with your	payment to
	NAMEADDRESS CITY PHONE ()	STATE _	ZIP
	PAYMENT: Check/Money Masrer Card Visa CARD NUMBER EXPIRES COST: \$5.00 (Plus \$		g & handling)
1	SICNIATURE		

Enclose in envelope and mail to:



FIRST CLASS

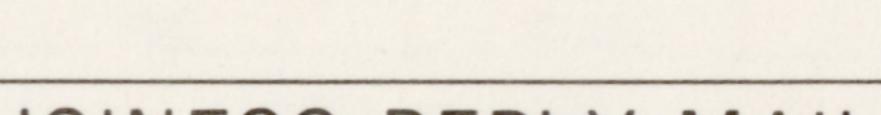
PERMIT NO. 5650

GRAND RAPIDS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

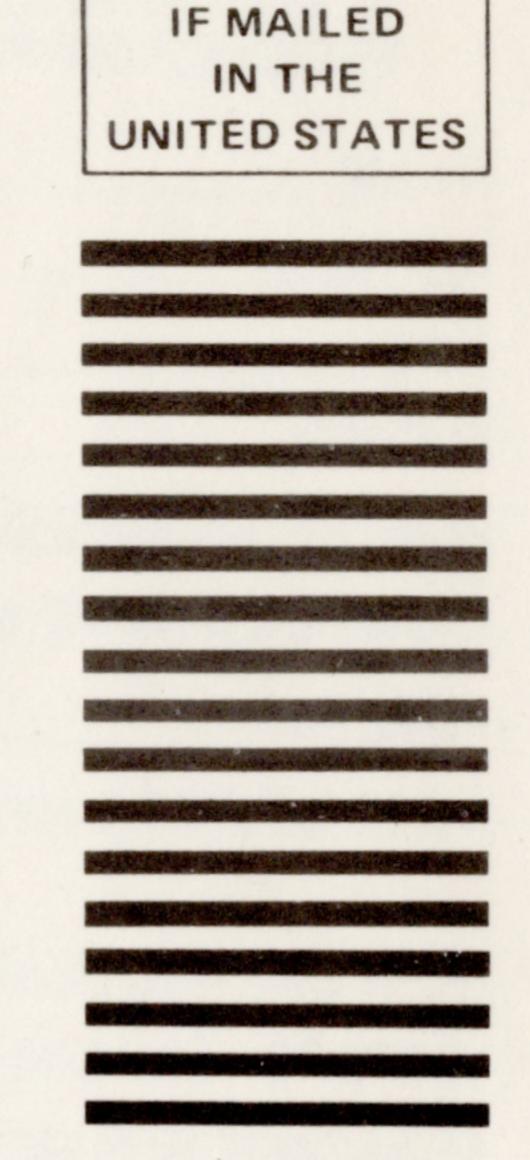
BAUDVILLE

1001 Medical Park Dr., S.E. Grand Rapids, Michigan 49506



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1001	MEDI	CAL	PARI	K DR.,	S.E.	

GRAND RAPIDS, MICHIGAN 49506



NO POSTAGE

NECESSARY