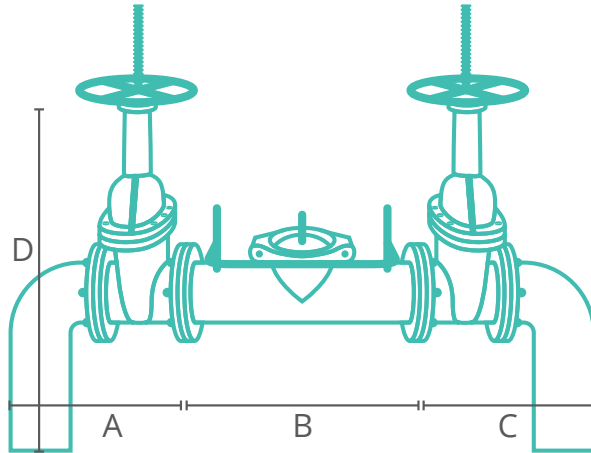


BACKFLOW BAGMAN

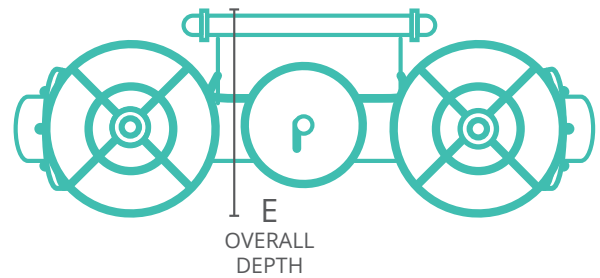
Measuring Tool

LARGE DEVICE FORM

SIDE VIEW



TOP VIEW



Personal Information

FIRST NAME	LAST NAME	
PHONE NUMBER	EMAIL ADDRESS	
ADDRESS		
CITY	STATE	ZIP CODE

Device Measurements

MEASUREMENT A
MEASUREMENT B
MEASUREMENT C
MEASUREMENT D
MEASUREMENT E

I certify that the above listed measurements are the actual dimensions of the device in the field.

SIGNATURE	DATE
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Mail completed form to: 11251 Coloma Road, Gold River, CA 95670

Need help? Call 916.524.3109 to schedule a free appointment.