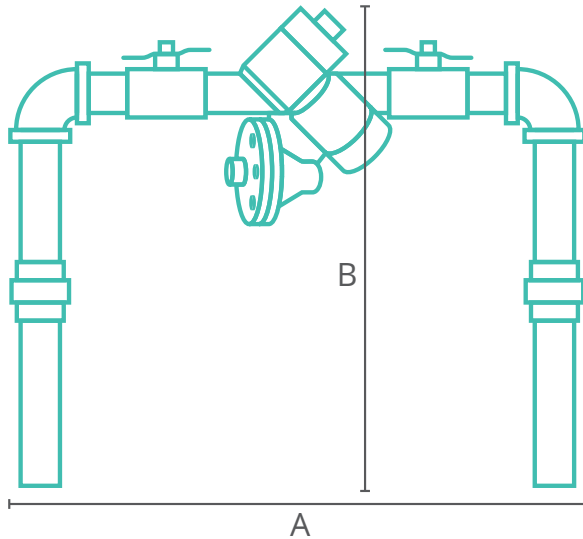


# BACKFLOW BAGMAN

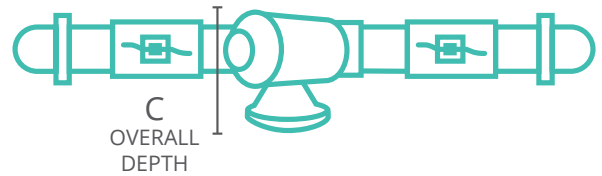
Measuring Tool

## SMALL 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

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

SIGNATURE	DATE
-----------	------

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

Need help? Call 916.524.3109 to schedule a free appointment.