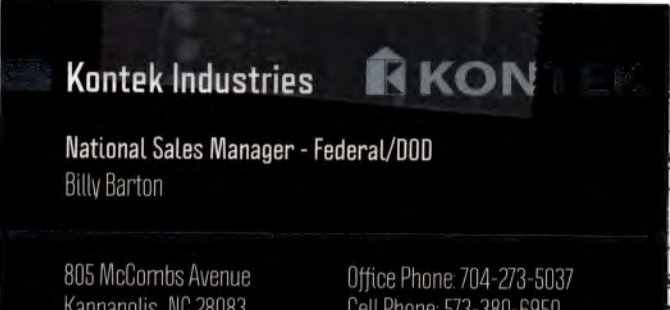



Name:	Charles Griffiths				
Company:	Mio Group Inc.				
Address:	710 Woodmont Ave Suite 820				
City:	Bethesda	State:	MD	Zip Code:	20814
Phone:	301 913 9386	Email:	cgriffiths@mio group.com		
Certified MBE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Certified VSBE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name:					
Company:					
Address:					
City:		State:		Zip Code:	
Phone:					
Certified MBE:	<input type="checkbox"/> No				

Name:					
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Certified MBE:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certified VSBE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		