

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY LABEL

FIRST-CLASS MAIL

PERMIT NO. 11

LONG ISLAND CITY NY

POSTAGE WILL BE PAID BY ADDRESSEE

**STEINWAY & FISHER DENTAL
LABORATORY INC
PO BOX 5248
LONG ISLAND CITY NY 11105-9802**