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**GREGORY E LIPPINCOTT**  
**CERTIFIED PUBLIC ACCOUNTANT**

**Information request form:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Special request or  
information requested: \_\_\_\_\_

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Please fax this form to 760.873.5808 or email it to Greg at [refncpa@schat.net](mailto:refncpa@schat.net).