PRINT, CUT AND FILL OUT A FORM FOR EACH ARTIFACT SUBMITTED. Send artifact(s), forms and payment to the address provided.

| 330-329-0715 | Portfolio Website: ScotStoneking |
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| Please Print // of Order Date Example: 1 of 3 | * All restoration work MUST BE PREPAID Make Payable to Scot Stoneking Price Paid |
| Name | |
| Street | ★ FLINT ARTIFACTS: PLEASE USE THE BACK OF THIS FORM TO TRACE YOUR A AND SKETCH IN MISSING PARTS SO I CAN BE SURE TO MEET YOUR EXPECT |
| City | |
| State Zip | |
| Phone () | |
| | |
| | tion Certificate" with before and after pictures. |
| YOUR NAME & THE INFORMATION YOU PROVID Artifact Title (what you call it) : | |
| • Origin (county and/or state) : | |
| • Material (what it is made of) : | |
| ONE FORM IS REQUIRED FOR EACH ARTIFACT SUBMITTED. ADDITIONAL FORMS C | |
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