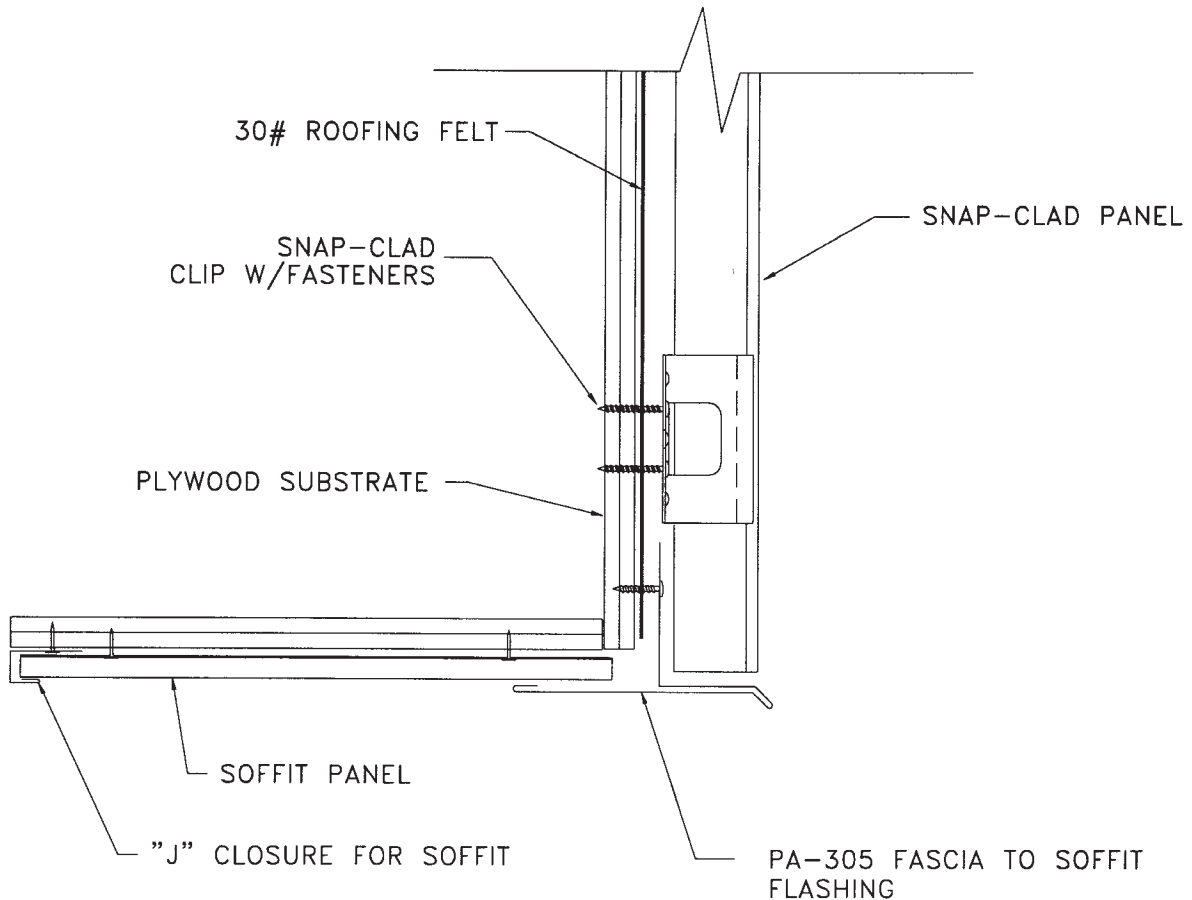
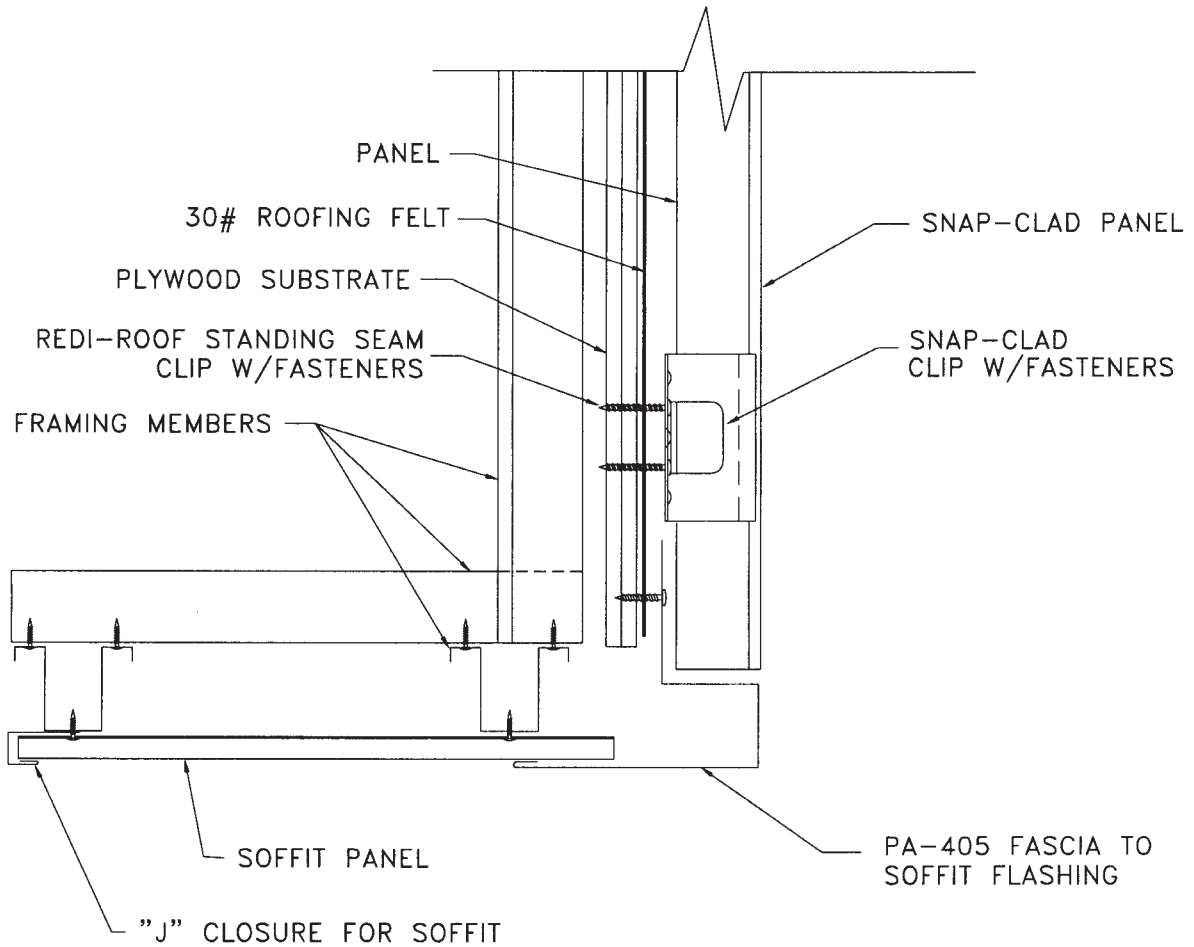


# Fascia to Soffit Transition



Job Name:	
Date:	
Contractor:	
Notes:	

# Fascia to Soffit Transition



Job Name:	
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