

WITNESS CARD**(MS)**

18748

CASE NO

Marty Sullivan

NAME

2-503-1704

DAYTIME PHONE NO

1990 M St - NW # 200

ADDRESS

CITY

STATE

ZIP

msullivan@sullivanharris.com

E MAIL ADDRESS

PROPONENT



OPPONENT

**WITNESS CARD****(RL)**

18748

CASE NO

Rob Low

NAME

2-503-1704

DAYTIME PHONE NO

1827 Park Rd NW

ADDRESS

CITY

STATE

ZIP

E MAIL ADDRESS

PROPONENT



OPPONENT

