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									Client Netwo	rk Vendor	w	EM 1 & 2 Resi	ılts		Fees	
Date Claim Assigned	Date Claim Closed	Cycle Time - Business Days	eProperty ID No.	Claimant Last Name	Client Claim No.	Loss State	Adjuster Name	Yes or No or N/A	Water Mitigation Vendor	Vendor City, State, and Zip	Original Invoice Amount	WEM Audit Amount		WEM1	Full Service	Total \$s
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