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| 附件2  邵阳市申报困难企业汇总名册 | | | | | | | | |
| **填报汇总单位（盖章）： 填报日期：       年    月     日** | | | | | | | | |
| **序号** | **企业名称** | **社会信用代码** | **生产经营地址** | **行业归口管理部门** | **企业经办人** | **联系电话** | **电子邮箱** | **备注** |
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| 填报人及联系电话： | | | |  |  |  |  |  |