		ORK - OFFICE OF THE STA		ER – REPORT OF							1	1 1		P;	age of		
Do Not Write in This Area Rec Name of Reporting Organization					Address of Reporting Organization						City	State	Zip	For Th	e Period Endii		
OUF USE ONLY	No.														, 20		
		Owner Last Name (20)		First Name (10)	<u> </u>	M.I.	Suffix (3)	Account Title (70	1)			· · ·					
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