

COMPANY NAME:                      No.               
 ADDRESS:                      City              State               
 PHONE NO.              TELETYPE NO.             

Subscribed: Joseph H. Mollan NYC  
SEA returned on 15 Nov 43  
 William H. Mollan NYC  
SEA returned on 22 Jan 43  
 Margaret H. Mollan NYC 511  
SEA returned on 15 Nov 43  
SEA returned on 15 Nov 43  
 John H. Mollan NYC 511  
SEA returned on 15 Nov 43  
SEA returned on 15 Nov 43  
SEA returned on 15 Nov 43

DATE	TIME	TYPE	NO.	NAME	ADDRESS	CITY	STATE	ZIP
12/1	10:00	1	1	1	1	1	1	1
12/2	10:00	1	1	1	1	1	1	1
12/3	10:00	1	1	1	1	1	1	1
12/4	10:00	1	1	1	1	1	1	1
12/5	10:00	1	1	1	1	1	1	1
12/6	10:00	1	1	1	1	1	1	1
12/7	10:00	1	1	1	1	1	1	1
12/8	10:00	1	1	1	1	1	1	1
12/9	10:00	1	1	1	1	1	1	1
12/10	10:00	1	1	1	1	1	1	1
12/11	10:00	1	1	1	1	1	1	1
12/12	10:00	1	1	1	1	1	1	1
12/13	10:00	1	1	1	1	1	1	1
12/14	10:00	1	1	1	1	1	1	1
12/15	10:00	1	1	1	1	1	1	1
12/16	10:00	1	1	1	1	1	1	1
12/17	10:00	1	1	1	1	1	1	1
12/18	10:00	1	1	1	1	1	1	1
12/19	10:00	1	1	1	1	1	1	1
12/20	10:00	1	1	1	1	1	1	1
12/21	10:00	1	1	1	1	1	1	1
12/22	10:00	1	1	1	1	1	1	1
12/23	10:00	1	1	1	1	1	1	1
12/24	10:00	1	1	1	1	1	1	1
12/25	10:00	1	1	1	1	1	1	1
12/26	10:00	1	1	1	1	1	1	1
12/27	10:00	1	1	1	1	1	1	1
12/28	10:00	1	1	1	1	1	1	1
12/29	10:00	1	1	1	1	1	1	1
12/30	10:00	1	1	1	1	1	1	1
12/31	10:00	1	1	1	1	1	1	1

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
 SIGNED:                      DATE:               
 OFFICE: