17/1			.: .		
18. I hereby certify that the foregoing is true and correct					
SIGNED ALLICLICATE CONTRACTOR	TITLE _	Agent		DATE	4-16-74
(This space for Federal or State office use)					
Company of the state of the sta			100		
APPROVED BY	TITLE _			DATE	
CONDITIONS OF APPROVAL, IF ANY:					

*See Instructions on Reverse Side