, , , , , , , , , , , , , , , , , , , ,	
18. I hereby certify that the foregoing is true and correct	
SIGNED // de lu ue TITLE Authorized Agent	DATE 12-9-66
(This space for Federal or State office use)	
APPROVED BY	DATB
CONDITIONS OF APPROVAL, IF ANY:	

APDRIVER ON ALL TO A BOYAL, IN A BOYAL, IN

\ Y& UJVUSYGA *See Instructions on Reverse Side