| ·  |       |       |       |                          |  |
|--|-------|-------|-------|--------------------------|--|
| 18. I hereby certify that the foregoing is true and correct SIGNED Change Technology | TITLE | Dist. | Drlg. | Supervisor DATE 10-30-70 |  |
| (This space for Federal or State office use)   |       |       |       |                          |  |
| CONDITIONS OF AFFRODAL, IF ANY:  | TITLE |       |       | DATE                     |  |

\*See Instructions on Reverse Side