Verbal by Tim - Cont Cir		
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I hereby certify that the information above is true and complete to the best of my knowledge and	l belief.	
SKINATURE JIV Jolso TH	12 VP Operations	DATE 2/-2-97
TYPEORPRINT NAME TOMMY W. Folsom	7	TELEPHONE NO. <i>505-885</i> 1
(This space for State Use) Jew W. Surm	Ristrict Sygravisor	V
APPROVED BY TIT	1.E	DATE 4-1-4/
CONDITIONS OF APPROVAL, IF ANY:		