I hereby certify that the information above is true and complete to the best o	f my knowledge and belief.	
SIGNATURE A. M. M.	TITLE District Manager	DATE 02-06-02
TYPE OR PRINT NAME N.M. YOUNG		TELEPHONE NO. 505-393-5905
(This space for State Use) ORIGINAL SIGNED BY TO	M W. GUM	FEB 1 3 2002
APPROVED BY DISTRICT II SUPERVISOR	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: