I hereby certify that the information above is true and complete to the best of my importance signatures.	operations manager	1/14/97
TYPE OR PRINT NAME DANIEL W. FISCHER		DATE
(This space for State Use) ORIGINAL STORAGO & 10000 10000 (NOR)A) DATRICE S SUIT TENESOR		JAN 22 1397
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

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