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HELD FOR POSSIBLE SECONDARY RECOVERY. 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	OTHER							
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SIGNED Original signed by: Sheldon ward TITLE Area Superintendent DATE 11-10-66	18. I hereby certify that the	information above is true	and complete to the best	of my knowledge and	belief.			
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CONDITIONS OF APPROVAL, IF ANY: