Name By				FEES PAID  Date Amount  10-11-11 \$ 1355	Receipt No.
Priority OCT. 11, 20// County Douc WM# /5 RELATED FILES	DENIED  MISFILED  WITHDRAWN		Volume Page	Cert. Fee FEES REFUNDED  Date Amount	Receipt No.
DEVELOPMENT Date  Completion  Extended to	ASSIGNMENTS  Date	To Whom		Address	
Final Proof received Proposed Cert. Mailed			REMAR	RKS	
'IR' DUE DATE:				OCATION	

Rev. 04/03