	Application	on NoG <u>1.6</u>	741	FEES PAID		
Name	Perm	it No		Date 10/25/06	Amount 300 .00	Receipt No.
Name By	Certifica	te No		0/25/06	300.00	84981
Address						<i>D</i> - C -
		Date				
		ED			Cert. Fee	
-	MISFILE	ED	Volume Page	FEES REFUN	IDED	
Priority	WYTHIND AN	VN		Doto	Amount	Receipt No.
County WM#	CANCELL	ED		_	_	
RELATED FILES						
						
	ASSIGNMENTS					<i>y</i> *
	Date	To Whom			Address	,
DEVELOPMENT Date						
Completion						
Extended to						
Final Proof received						
Proposed Cert. Mailed						
			REM	ARKS		
			_			
			_			
			_			
			_			
			MAI	PLOCATION		Rev. 04/03

SMEAD 63 HSPOOC