

46000028959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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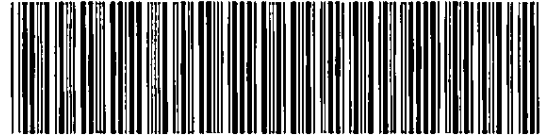
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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(b) The 90th day after the record is filed.

Dated November 06, 2018

Signature of a member or authorized representative of a member

Michael Gleissner

Typed or printed name of signee