

L17 000 136957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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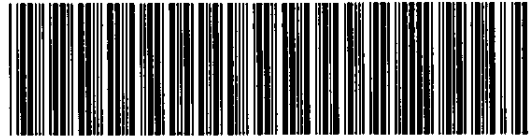
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## Diversified Retail Plus IIc

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**MGR = Manager**  
**AMBR = Authorized Member**

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
Signature of a member or authorized representative of a member

JL Williams  
\_\_\_\_\_  
Typed or printed name of signee

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