

L16000215780

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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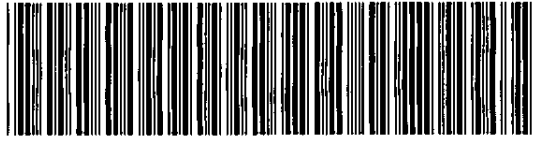
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

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E. Effective date, if other than the date of filing: _____ (optional)
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(b) The 90th day after the record is filed.

Dated February 1st, 2017

Handwritten signature: Susanna Barkataki

Signature of a member or authorized representative of a member

Susanna Barkataki

Handwritten name: Susanna L Barkataki

Typed or printed name of signee

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