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OTY-ST-ZIP 4. I do hereby certify	AL 14 M. 17 . 1	1 supplied with t	this filing	is voluntarily 6:		CITY-ST-ZIP	life , fa.: 11	ne exemption stated in nd that my signature s port as required by Chi				

SIGNATURE:

404-892-0666

Daytime Phone #

5./.96 Date