Carpenters Southwest Administrative Corporation

533 SO. FREMONT AVENUE • LOS ANGELES, CA 90071-1706 • TEL. (213) 386-8590 • TOLL FREE (800) 293-1370

SOUTHWEST CARPENTERS TRUSTS
EMPLOYERS MONTHLY REPORT TO TRUSTEES

How to report benefits – Northern Nevada

1. Apprentices that are 4th year and Journeymen are to be reported on the "Yellow" Journeyman report. See an attached example.

2. All other apprentices and Pre-apprentices are reported on a separate report forms that we have enclosed. Please request any report forms that we have not sent you from this office, as needed.

3. **All reports are due and payable by the 15th of each month,** but not assessable for late filing until the 25th. Please be aware that reports must be in this office before the 25th of each month, which means that if the 25th falls on a Saturday, Sunday or Holiday the reports must be received in the Trust Office by the previous work day. **The original report form must always be filled out and returned.**

4. One check may be issued for all funds on all reports - be sure to make check payable to the Southwest Carpenters Trusts.

REMINDER: The contributions payable to the Vacation/Supplemental Dues obligations should be included in the employee's total wages for tax purposes. When you make withholding taxes, social security, unemployment disability insurance etc., the full amount due to the Vacation Trust should be retained by you for transmittal to the Trust's depository bank on a monthly basis.

The attached samples reflect the benefit rates for commercial jobs. Your obligations under your agreement may have different benefit rates.

When you have a reporting month when NO CRAFT was hired, please show this by checking the box in the upper right-hand corner of your monthly remittance form and return the form to the Administrative Office. Should you bring employees from another state, please be aware their benefits need to be paid to this Administrative office and not to their home fund office. If you do not receive your monthly remittance report form by the 10th of the month contact the **EMPLOYER CONTROL DEPARTMENT** at 533 S. Fremont Avenue, Los Angeles, CA. 90071-1706 or call 213-386-8590.

SPECIAL NOTE: Corporate Officers, Partners, RMEs, RMOs, Superintendents who work with the tools of the trade must be reported on the C4A report only. PLEASE DO NOT LIST ANY OF THESE CLASSIFICATIONS ON THE JOURNEYMAN REPORT. Additional information is in the enclosed C4A letter and resolution.

Rev. 01/01/2007

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry

#596

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

If no Carpenters were Employed During the Month Check Here ☐

NOTICE TO EMPLOYER: One copy of this form will be mailed to you each month. This form must be the 1st page of each monthly report you file. If you can not list all employees on this sheet then list additional names on a Continuation Sheet which has been supplied to you or you may attach a computer spreadsheet.

C

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2. THIS REPORT IS TO COVER CALENDAR MONTH

LIC. NO. JAN 2007
NN922230

2912 CONTRACTOR'S NAME
JOB DESCRIPTION
1233UNION STREET
LOS ANGELES, CA 90020-14965 HDA

NORTHERN NEVADA COMMERCIAL PRE-APPRENTICE

3. PERIOD COVERED BY THIS REPORT

IMPORTANT: An Employer must file this Report each month even though no Carpenters were employed.

THIS REPORT IS DUE ON THE 15TH OF EACH MONTH AND MUST BE RECEIVED NOT LATER THAN THE 25TH TO AVOID LIQUIDATED DAMAGES FOR DELINQUENT REPORTING

If the period reported begins more than 5 days prior to the 1st of the month or extends 5 days beyond the last day of the month, a new report is required. ***Enter only the hours worked on Sunday and Holidays. These hours must also be included in your D.T. column.**

	4. SOCIAL SECURITY NUMBER			5. NAME OF EMPLOYEE LAST NAME, FIRST NAME	APP Code	6. Gross Earnings	Straight Time Hours	O.T. Hours	D.T. Hours	Total Clock Hours	*Sun/ Hol
1	123	45	6789	NAME	PRE	500.00	160			160	
2											
3											
4											
5	PLEASE NOTE: THIS IS A SAMPLE ONLY: YOU MAY BE OBLIGATED FOR DIFFERENT RATES AND FUNDS.										
	* Sun/Hol Hours are for Southern Nevada only.				TOTALS THIS PAGE ▶	500.00	160			160	
7	Total Number pages THIS REPORT.....				TOTALS THIS PAGE ▶						

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL	TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
Health & Welfare	160	X 3.95	= $	$ 632.00			X	= $	$
Pension		X	= $	$			X	= $	$
Vacation		X	= $	$			X	= $	$
Supp. Dues	160	X .39	= $	62.40			X	= $	$
Apprenticeship	160	X .40	= $	$ 64.00			X	= $	$
		X	= $	$			X	= $	$
		X	= $	$			X	= $	$
		X	= $	$	14. TOTALS		X	= $	$ 758.40

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due for ALL Trusts, made payable to: SOUTHWEST CARPENTERS TRUSTS

SEND check with yellow copy of form to:
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

or

980 KELLY JOHNSON DRIVE, SUITE 180
LAS VEGAS, NV 89119

INDICATE CHECK NUMBER 5050

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE AND WILL DIRECT YOUR PAYMENT TO THE ADMIN OFFICE ASSIGNED TO YOU

15. BY SUBMITTING THIS REPORT, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS PAGE AND ALL CONTINUATION PAGES IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO CARPENTER EMPLOYEES EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT ALL CONTRIBUTIONS REQUIRED HAVE BEEN PAID FOR ANY PERSON WORKING WITH TOOLS OF THE TRADE; THAT NO SELF-EMPLOYED PERSON IS REPORTED HEREIN; THAT CARPENTERS SOUTHWEST ADMINISTRATIVE CORP. (CSAC) IS DESIGNATED AS THE AGENT TO RECEIVE WRITTEN DUES AUTHORIZATIONS FROM EMPLOYERS PURSUANT TO SECTION 302(c)(4) OF THE LMRA, AND ANY REVOCATIONS OF SUCH AUTHORIZATIONS; THAT THE DEPOSITORY BANK IS AUTHORIZED TO DEPOSIT THE MONIES REPORTED HEREIN UNDER VACATION-SUPPLEMENTAL DUES IN A SPECIAL ACCOUNT HELD BY CSAC; THAT CSAC IS AUTHORIZED TO TRANSFER MONTHLY FROM SUCH ACCOUNT THE MONIES PAID WITH RESPECT TO THE WORK OF EACH EMPLOYEE WHO HAS ON FILE WITH CSAC AN UNREVOKED DUES AUTHORIZATION IN A FORM COMPLYING WITH LAW TO THE APPROPRIATE LOCAL UNIONS AS SUPPLEMENTAL DUES AND TO TRANSFER THE REMAINING MONIES TO THE SOUTHWEST CARPENTERS VACATION TRUST FOR CREDIT TO THE VACATION ACCOUNTS OF THE OTHER EMPLOYEES; THAT THE UNDERSIGNED IS BOUND BY ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE APPROPRIATE WRITTEN AGREEMENTS APPLICABLE TO THE TRUST FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT. BY THIS PAYMENT TO THE CARPENTERS TRUST FUNDS, IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE UNDERSIGNED IS SIGNATORY AND BOUND TO A CURRENT COLLECTIVE BARGAINING AGREEMENT WITH THE CARPENTERS UNION PROVIDING FOR EACH TRUST FUND PAYMENT AND AUTHORIZES THE DEPOSITORY BANK TO TRANSFER THE MONIES REMITTED HEREWITH TO THE APPROPRIATE TRUST IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE TRUSTEES THEREOF.

Signature_____ Title_____ State Lic. No._____

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry

#596

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

If no Carpenters were Employed During the Month Check Here ☐

NOTICE TO EMPLOYER: One copy of this form will be mailed to you each month. This form must be the 1st page of each monthly report you file. If you can not list all employees on this sheet then list additional names on a Continuation Sheet which has been supplied to you or you may attach a computer spreadsheet.

C

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2. THIS REPORT IS TO COVER CALENDAR MONTH

LIC. NO. JAN 2007
NN922230

2906

CONTRACTOR'S NAME
JOB DESCRIPTION
123 UNION STREET
LOSSANGEEES, CA 90020-1496

HPVDAIE

NORTHERN NEVADA COMMERCIAL 50%-60% APPRENTICE

3. PERIOD COVERED BY THIS REPORT

IMPORTANT: An Employer must file this Report each month even though no Carpenters were employed.

THIS REPORT IS DUE ON THE 15TH OF EACH MONTH AND MUST BE RECEIVED NOT LATER THAN THE 25TH TO AVOID LIQUIDATED DAMAGES FOR DELINQUENT REPORTING

If the period reported begins more than 5 days prior to the 1st of the month or extends 5 days beyond the last day of the month, a new report is required. ***Enter only the hours worked on Sunday and Holidays. These hours must also be included in your D.T. column.**

	4. SOCIAL SECURITY NUMBER			5. NAME OF EMPLOYEE LAST NAME, FIRST NAME	APP Code	6. Gross Earnings	Straight Time Hours	O.T. Hours	D.T. Hours	Total Clock Hours	*Sun/ Hol
1	123	45	6789	NAME	50%	3036.40	160			160	
2	123	45	6789	NAME	60%	4120.50	160			160	
3											
4											
5	PLEASE NOTE: THIS IS A SAMPLE ONLY: YOU MAY BE OBLIGATED FOR DIFFERENT RATES AND FUNDS.										
	* Sun/Hol Hours are for Southern Nevada only.				TOTALS THIS PAGE ▶	7156.90	320			320	
7	Total Number pages THIS REPORT.....				TOTALS THIS PAGE ▶						

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL	TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
Health & Welfare	320	X 3.95	=$	$ 1264.00			X	=$	$
Pension		X	=$	$			X	=$	$
Vacation	320	X .43	=$	$ 137.60			X	=$	$
Supp. Dues	320	X .62	=$	198.40			X	=$	$
Apprenticeship	320	X .40	=$	$ 128.00			X	=$	$
Ind Adv	320	X .15	=$	$ 48.00			X	=$	$
CCCC	320	X .15	=$	$ 48.00			X	=$	$
		X	=$	$	14. TOTALS		X	=$	$ 1854.00

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due for ALL Trusts, made payable to: SOUTHWEST CARPENTERS TRUSTS

SEND check with yellow copy of form to:
~~500 SOUTH FREMONT AVENUE~~
~~LOS ANGELES, CA 90071-1706~~
or
980 KELLY JOHNSON DRIVE, SUITE 180
LAS VEGAS, NV 89119

INDICATE CHECK NUMBER 5050

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE AND WILL DIRECT YOUR PAYMENT TO THE ADMIN OFFICE ASSIGNED TO YOU

15. BY SUBMITTING THIS REPORT, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS PAGE AND ALL CONTINUATION PAGES IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO CARPENTER EMPLOYEES EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT ALL CONTRIBUTIONS REQUIRED HAVE BEEN PAID FOR ANY PERSON WORKING WITH TOOLS OF THE TRADE; THAT NO SELF-EMPLOYED PERSON IS REPORTED HEREIN; THAT CARPENTERS SOUTHWEST ADMINISTRATIVE CORP. (CSAC) IS DESIGNATED AS THE AGENT TO RECEIVE WRITTEN DUES AUTHORIZATIONS FROM EMPLOYERS PURSUANT TO SECTION 302(c)(4) OF THE LMRA, AND ANY REVOCATIONS OF SUCH AUTHORIZATIONS; THAT THE DEPOSITORY BANK IS AUTHORIZED TO DEPOSIT THE MONIES REPORTED HEREIN UNDER VACATION-SUPPLEMENTAL DUES IN A SPECIAL ACCOUNT HELD BY CSAC; THAT CSAC IS AUTHORIZED TO TRANSFER MONTHLY FROM SUCH ACCOUNT THE MONIES PAID WITH RESPECT TO THE WORK OF EACH EMPLOYEE WHO HAS ON FILE WITH CSAC AN UNREVOKED DUES AUTHORIZATION IN A FORM COMPLYING WITH LAW TO THE APPROPRIATE LOCAL UNIONS AS SUPPLEMENTAL DUES AND TO TRANSFER THE REMAINING MONIES TO THE SOUTHWEST CARPENTERS VACATION TRUST FOR CREDIT TO THE VACATION ACCOUNTS OF THE OTHER EMPLOYEES; THAT THE UNDERSIGNED IS BOUND BY ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE APPROPRIATE WRITTEN AGREEMENTS APPLICABLE TO THE TRUST FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT. BY THIS PAYMENT TO THE CARPENTERS TRUST FUNDS, IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE UNDERSIGNED IS SIGNATORY AND BOUND TO A CURRENT COLLECTIVE BARGAINING AGREEMENT WITH THE CARPENTERS UNION PROVIDING FOR EACH TRUST FUND PAYMENT AND AUTHORIZES THE DEPOSITORY BANK TO TRANSFER THE MONIES REMITTED HEREWITH TO THE APPROPRIATE TRUST IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE TRUSTEES THEREOF.

Signature _____ Title _____ State Lic No _____

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry

#596

SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

If no Carpenters were Employed During the Month Check Here ☐

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C

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2. THIS REPORT IS TO COVER CALENDAR MONTH JAN 2007

LIC. NO. NN922230

3. PERIOD COVERED BY THIS REPORT

2907 CONTRACTOR'S NAME
JOB DESCRIPTION
123 UNION STREET
LOS ANGELES, CA 90020-1496 HVDAIE

NORTHERN NEVADA COMMERCIAL 70% APPRENTICE

IMPORTANT: An Employer must file this Report each month even though no Carpenters were employed.

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	4. SOCIAL SECURITY NUMBER			5. NAME OF EMPLOYEE LAST NAME, FIRST NAME	APP Code	6. Gross Earnings	Straight Time Hours	O.T. Hours	D.T. Hours	Total Clock Hours	*Sun/ Hol
1	123	45	6789	NAME	70%	3036.30	160			160	
2											
3											
4											
5	PLEASE NOTE: THIS IS A SAMPLE ONLY: YOU MAY BE OBLIGATED FOR DIFFERENT RATES AND FUNDS.										
	* Sun/Hol Hours are for Southern Nevada only.				TOTALS THIS PAGE ▶	3036.30	160			160	
7	Total Number pages THIS REPORT.....				TOTALS THIS PAGE ▶						

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL	TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
Health & Welfare	160	x 3.95	=$	$ 632.00			x	=$	$
Pension		x	=$	$			x	=$	$
Vacation	160	x 2.29	=$	$ 366.40			x	=$	$
Supp. Dues	160	x .62	=$	99.20			x	=$	$
Apprenticeship	160	x .40	=$	$ 64.00			x	=$	$
Ind Adv	160	x .15	=$	$ 24.00			x	=$	$
CCCC	160	x .15	=$	$ 24.00			x	=$	$
		x	=$	$	14. TOTALS		x	=$	$ 1209.60

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due for ALL Trusts, made payable to: SOUTHWEST CARPENTERS TRUSTS

~~SEND check with yellow copy of form to:~~
~~533 SOUTH FREMONT AVENUE~~
~~LOS ANGELES, CA 90071-1706~~

or

980 KELLY JOHNSON DRIVE, SUITE 180
LAS VEGAS, NV 89119

INDICATE CHECK NUMBER 5070

A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE AND WILL DIRECT YOUR PAYMENT TO THE ADMIN OFFICE ASSIGNED TO YOU

15. BY SUBMITTING THIS REPORT, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS PAGE AND ALL CONTINUATION PAGES IS CORRECT; THAT ALL COMPENSATED HOURS PAID TO CARPENTER EMPLOYEES EMPLOYED BY THE UNDERSIGNED DURING THE PERIOD COVERED ARE REPORTED HEREIN; THAT ALL CONTRIBUTIONS REQUIRED HAVE BEEN PAID FOR ANY PERSON WORKING WITH TOOLS OF THE TRADE; THAT NO SELF-EMPLOYED PERSON IS REPORTED HEREIN; THAT CARPENTERS SOUTHWEST ADMINISTRATIVE CORP. (CSAC) IS DESIGNATED AS THE AGENT TO RECEIVE WRITTEN DUES AUTHORIZATIONS FROM EMPLOYERS PURSUANT TO SECTION 302(c)(4) OF THE LMRA, AND ANY REVOCATIONS OF SUCH AUTHORIZATIONS; THAT THE DEPOSITORY BANK IS AUTHORIZED TO DEPOSIT THE MONIES REPORTED HEREIN UNDER VACATION-SUPPLEMENTAL DUES IN A SPECIAL ACCOUNT HELD BY CSAC; THAT CSAC IS AUTHORIZED TO TRANSFER MONTHLY FROM SUCH ACCOUNT THE MONIES PAID WITH RESPECT TO THE WORK OF EACH EMPLOYEE WHO HAS ON FILE WITH CSAC AN UNREVOKED DUES AUTHORIZATION IN A FORM COMPLYING WITH LAW TO THE APPROPRIATE LOCAL UNIONS AS SUPPLEMENTAL DUES AND TO TRANSFER THE REMAINING MONIES TO THE SOUTHWEST CARPENTERS VACATION TRUST FOR CREDIT TO THE VACATION ACCOUNTS OF THE OTHER EMPLOYEES; THAT THE UNDERSIGNED IS BOUND BY ALL PAYMENTS REPORTED HEREIN ARE MADE UNDER AND PURSUANT TO THE APPROPRIATE WRITTEN AGREEMENTS APPLICABLE TO THE TRUST FUNDS AS REQUIRED BY SECTION 302(C)(5)(B) OF THE LABOR MANAGEMENT RELATIONS ACT. BY THIS PAYMENT TO THE CARPENTERS TRUST FUNDS, IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE UNDERSIGNED IS SIGNATORY AND BOUND TO A CURRENT COLLECTIVE BARGAINING AGREEMENT WITH THE CARPENTERS UNION PROVIDING FOR EACH TRUST FUND PAYMENT AND AUTHORIZES THE DEPOSITORY BANK TO TRANSFER THE MONIES REMITTED HEREWITH TO THE APPROPRIATE TRUST IN ACCORDANCE WITH INSTRUCTIONS ISSUED BY THE TRUSTEES THEREOF.

Signature_____ Title_____ State Lic. No._____

SOUTHWEST CARPENTERS TRUSTS

Health & Welfare, Pension, Vacation, Apprenticeship, Advancement, Grievance, Industry

#596

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EMPLOYERS MONTHLY REPORT TO TRUSTEES

If no Carpenters were Employed During the Month Check Here ☐

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C

1. EMPLOYER NAME & ACCOUNT NO. AS REGISTERED IN ADMINISTRATIVE OFFICE

2904

CONTRACTOR'S NAME
JOB DESCRIPTION
123 UNION STREET
LOS ANGELES, CA 90020-1496 HPVDAIE

NORTHERN NEVADA COMMERCIAL JOURNEYMAN

2. THIS REPORT IS TO COVER CALENDAR MONTH JAN 2007

LIC. NO. NN922230

3. PERIOD COVERED BY THIS REPORT

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1	123	45	6789	NAME	80%	3036.40	160			160	
2	123	45	6789	NAME	J	4120.50	160			160	
3											
4											
5	PLEASE	NOTE:	THIS	IS A SAMPLE ONLY - YOU MAY	BE OBLIGATED FOR DIFFERENT RATES AND FUNDS.						
	* Sun/Hol Hours are for Southern Nevada only.			TOTALS THIS PAGE ▶		7156.90	320.00			320.00	
7	Total Number pages THIS REPORT.....			TOTALS THIS PAGE ▶							

TRUSTS	8. Total Hours All Pages	Hourly Contribution Rate	9. Adjustments	10. Amount Due TOTAL
Health & Welfare	320	X 3.95	=$	$1264.00
Pension	320	X 2.71	=$	$ 867.20
Vacation	320	X 2.29	=$	$ 732.80
Supp. Dues	320	X .62	=$	198.40
Apprenticeship	320	X .40	=$	$ 128.00
Ind Adv	320	X .15	=$	$ 48.00
CCCC	320	X .15	=$	$ 48.00
		X	=$	$

TRUSTS	11. Total Hours All Pages	Hourly Contribution Rate	12. Adjustments	13. Amount Due TOTAL
		X	=$	$
		X	=$	$
		X	=$	$
		X	=$	$
		X	=$	$
		X	=$	$
		X	=$	$
14. TOTALS		X	=$	$3286.40

IMPORTANT NOTICE: This report should be accompanied by check for the total amount due for ALL Trusts, made payable to: SOUTHWEST CARPENTERS TRUSTS

SEND check with yellow copy of form to:
~~5[illegible]~~
~~[illegible]~~

or

980 KELLY JOHNSON DRIVE, SUITE 180
LAS VEGAS, NV 89119

INDICATE CHECK NUMBER 5050

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Signature_____ Title_____ State Lic. No._____