THE STATE INSURANCE FUND

147 EAST SIXTH SOUTH SALT LAKE CITY, UTAH 84111

POLICY NUMBER

H 2654

REPORTING PERIOD

TO

MO. DAY YEAR

06 30 73

MO. DAY YEAR

RETURN YOUR REMITTANCE WITH THE ORIGINAL OF THIS REPORT NOT

04 04 73 TO

EMPLOYER'S PAYROLL AND PREMIUM REPORT

SEE REVERSE SIDE FOR INSTRUCTIONS

H TRACY HALL INC

P B BOX 7533 UNIV STA PROVO UTAH

CLASS NUMBER	CLASSIFICATION OF WORK	DURING PERIOD		PREMIL (PAYROLL X	
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AMOUNT OF REMITTANCE				# 16	10
	ICH RECORDS ARE MAINTAINED IF OTHER THAN ABOVE:	RTIFY THE ABOVE TO	BE A TRUE AND CO	RRECT REPORT	