

SEE REVERSE SIDE FOR INSTRUCTIONS

REPORTING PERIOD

H 2654

MO.	DAY	YEAR	TO	MO.	DAY	YEAR
07	01	73		12	31	73

84602

RETURN YOUR REMITTANCE WITH THE ORIGINAL OF THIS REPORT NOT LATER THAN **15 DAYS** AFTER THE END OF THE PERIOD COVERED BY THIS REPORT.

YOUR STATE INSURANCE FUND POLICY IS NOT TRANSFERABLE

IF THE OWNERSHIP, NAME OR ADDRESS IS DIFFERENT FROM THAT SHOWN, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

Paid # 373
9 Jan 1974

AMOUNT OF
REMITTANCE

I CERTIFY THE ABOVE TO BE A TRUE AND CORRECT REPORT OF THE PAYROLL FOR THE PERIOD INDICATED.

H. Tracy Hall
NAME

Pres
TITLE

TELEPHONE NO. _____