EXFIBIT J

A.D.L. STATE TAX RECORDS

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State of California / Employment Development Department

P.O. Box 826847, Sacramento, CA 94247-0001

terving the People of California

THIS

DE 3DP QUARTERLY CONTRIBUTION RETURN

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PLEASE TYPE THIS FORM

"You must FILE this return even though you had no payroll this quarter. If you had payroll show "O" in item B. Enter a check mark in the block on the return ivelope and sign the declaration on line K. DELINQUENT IF NOT POSTMARKED **QUARTER** FEB.1. 1993 OR RECEIVED BY DEC - 31 . 1992 DUE JAN-1- 1993 ENDED e laddress or ownership are reported on the Request For DO NOT ALTER THIS AREA DO NOT ALTER D 1 P2 216-7069-0 PREPRINTED INFORMATION ONLY Employer Account No Employer Account No. DEPT. USE ANTI DEFAMATION LEAGUE 216 7069 0 Мо MAC 823 UNITED NATIONS PLZ **EFFECTIVE** NEW YORK NY 10017 DATE Enter in the boxes the number of employees earning wages during pay periods 56 55 61 that include the 12th day of the calendar month (enter numerals only) 3rd Month 13-1818723 FEIN 394 255 02 (B) B TOTAL SUBJECT WAGES PAID THIS QUARTER UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) 13,086 7000 (C) (Individual Employee Wages to \$ per calendar year) D. DISABILITY INSURANCE TAXABLE WAGES (DI) 716 31767 (D) (Individual Employee Wages to \$ per calendar year) **-**530 98 2.30 E EMPLOYER'S UI CONTRIBUTIONS (E) % Times C -0010 TIMES LINE C) E1 EMPLOYMENT TRAINING TAX % Times C 0.10 EMPLOYEE CONTRIBUTIONS (DI) (F1) DI EMPHOY (F2) DI Previousiy Paic This Quarter LESS 6.83.9 2,683.96 WITHHELD 1.25 % Times D = (F3)G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD Previously Paid This Quarter **LESS** 11.976.68 11,976.68 = (G3)ADJUSTMENT TO PRIOR QUARTERS A DE 938, QUARTERLY REPORT ADJUSTMENT FORM, MUST BE ATTACHED J TOTAL TAXES DUE (Add Items E. E1 F3, G3 and H) Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return. QECLARE that the information herein is true and correct to the best of my knowledge and belief ASST. SECRETARY 29 1995 CHEMICAL BANK-AGENT Signature M. First Initia AGES PAID EMPLOYEE NAME SOCIAL SECURITY ACCOUNT NUMBER N: NOTE - IMPORTANT Use form DE 3B, REPORT OF This is to certify that this is a WAGES, instead of this form if full, true and correct copy of the original document on file with Employment You have more than seven (7) Serving the People Development emplovees, OR Deportment Your employees are subject to £ ... Unemployment Insurance only OP Karl W Grossenbacher **Employment Tax Branch** Your employees are subject to latter Disability Insurance only Please check the box below individual employees, wages are reported on magnetic media (N3) N3 Total of this page OF total of DE 3Bs attached

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State of California / Employment Development Department

Serving the People of California P.O. Box 826847, Sacramento, CA 94247-0001 DE 3DP QUARTERLY CONTRIBUTION RETURN

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return

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Serving the People of California P.O. Box 826847, Sacramento, CA 94247-0001 DE 3DP QUARTERLY CONTRIBUTION RETURN

You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in item B. Enter a check mark in the block on the return envelope and sign the declaration on line K.

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2 Your employees are subject to Unemployment insurance only OR			Serving the Par of Cassonia			
3 Your employees are subject to Disability Insurance only				Karl W. G	ounnbooker of Tax Bronds	*
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State of California / Employment Development Department

Serving the People of California P.O. Box 826847, Sacramento, CA 94247-0001 DE 3DP QUARTERLY CONTRIBUTION RETURN

PLEASE TYPE THIS FORM

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D. DISABILITY INSURANCE T.				目 ,/(3972587
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B TOTAL WAGES IN SUBJECT EMPLOYMENT	(B)	41362394
C UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000)	(C)	27796 15
D DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767)	(D)	272642 00
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J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple che		340 /3
K. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and	d correct to the best of my knowledge	and belief.
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B. TOTAL WAGES IN SUBJECT EMPLOYMENT	181 381937 45
C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)	1,55031.16
(Individual Employee Wages to \$ 7000)	(C) 15583 48
D. DISABILITY INSURANCE TAXABLE WAGES (DI)	331579169
(Individual Employee Wages to \$ 31767	(D) 33137787
	280 50
E. EMPLOYER'S UI CONTRIBUTIONS 1.80 Times C	(E)
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please Type This Form
B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B) 40651072
C UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) (Individual Employee Wages to \$ 7000) (C)
D. DISABILITY INSURANCE TAXABLE WAGES (DI) (Individual Employee Wages to \$ 31767) (D)
E. EMPLOYER'S UI CONTRIBUTIONS 1.80 % Times C
E1 EMPLOYMENT TRAINING TAX 0.10 40 Times C (.0010 TIMES LINE C) (E1)
F EMPLOYEE CONTRIBUTIONS (DI) WITHHELD 1.00 % Times D (F1) DI Employee Contributions 4020 04 LESS (F2) DI Previously Paid This Quarter 225
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State of California / Employment Develop: .tment
P.O. Box 826847, Sacramento, CA 94247-6001

DE 3DP QUARTERLY CONTRIBUTION RETURN

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P.O. Box 826847, Sacramento, CA 94247-0001

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State of California / Employment Development Department P.O. Box 942880 / Sacramento, CA 94280-0001

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT NSURANCE CODE.

JUN - 6 1989

RECENTION IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUS COMPLETE AND ATTACH A FORM DE 938. DO NOT REC ONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, T' AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

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3DP REV 11 (1-88)

State of California / Employment Development Department P.O. Box 942880 / Sacramento, CA 94280-0001

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUS COMPLETE AND ATTACH A FORM DE 938. DO NOT REC ONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, TH AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLEC THE ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

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State of California / Employment Development Department P.O. Box 942880 / Sacramento, CA 94280-0001

DE 3DP REV 11 (1-86)

QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER YOU MUS COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, TH AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT TH ADJUSTMENT. (SEE ITEM J1 INSTRUCTIONS.)

YR QTR QUARTER **DELINQUENT IF** DEC-31, 1988 DUE JAN-1. 1989 NOT MAILED BY JAN-31, 1989 88 ENDED FEIN 13-1818723 DO NOT ALTER THIS AREA P2 ii Cii Uü S P1 " W II DO NOT ALTER 216-7069-0 ONLY PREPRINTED INFORMATION 90 Employer Account No. SE 330430 ANTI DEFAMATION LEAGUE 216 7069 DEPT. 823 UNITED NATIONS PLZ Mo. Day Yr. WIC NEW YORK NY 10017 **EFFECTIVE** DATE You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return. 60 56 Month Month Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. <code>xEnter</code> numerals only) To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed. B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B) C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI)
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DE 3DP REV 11 (1-88)

State of California / Employment Development Department P.O. Box 942886 / Sacramento, CA 94280-0001

DE 3 OUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER YOU MUST COMPLETE AND ATTACH A FORM DE 938. DO NOT RECONCILE THE ADJUSTMENT ON THIS DE 3. HOWEVER, THE AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT THE ADJUSTMENT (SEE ITEM J1 INSTRUCTIONS.)

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DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT IMPORTANT IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUS HOWEVER, TH

COMPLETE AND ATTACH A FORM DE 938. DO NOT RECON P.O. Box 942880 / Sacramento, CA 94280-0001 CILE THE ADJUSTMENT ON THIS DE 3. AMOUNT REMITTED WITH THIS DE 3 SHOULD REFLECT T 3930 ADJUSTMENT: (SEE ITEM J1 INSTRUCTIONS.) INSURANCE CODE. YR QTR QUARTER DELINQUENT IF JUL-1. 1988 NOT MAILED BY JUN-30, 1988 AUG-1, 1988 88 2 ENDED DUE. 13-1818723 FEIN DO NOT ALTER THIS AREA P1 !! 216-7069-0 Cii Uii DO NOT ALTER P2 " SII W II PREPRINTED INFORMATION

ONLY 00 USE Employer Account No (N 60 ANTI DEFAMATION LEAGUE 216 7069 0 823 UNITED NATIONS PLZ DEPT. ব NEW YORK Mo Day Yr WIC NY 10017 **EFFECTIVE** DATE You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return 2nd 55 60 envelope and sign the declaration at the bottom of the return. Enter in the boxes above the number of employees earning wages during pay periods that include the 12th day of the calendar month. (Enter numerals only) To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed. 379231 B. TOTAL WAGES IN SUBJECT EMPLOYMENT C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) 80 775 (Individual Employee Wages to \$ D. DISABILITY INSURANCE TAXABLE WAGES (DI) 320 152 (Individual Employee Wages to \$ 2-00 E. EMPLOYER'S UI CONTRIBUTIONS % Times C. (.0010 TIMES LINE.C) (E1) 0.10 E1. EMPLOYMENT TRAINING TAX DI Previously Paid This Quarter F EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employee Contributions WITHHELD 1-20 % Times D 3841.60 3841.60 LESS (G2) PIT Previously Paid (G1) Total PIT Withheld this quarter G. CALIFORNIA PERSONAL INCOME 11063.59 1063.59 TAX (PIT) WITHHELD LESS TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief. TUL 26 1988

ASST. VICE PRES. Title CHEMICAL BANK-AGENT Date (Owner Phone Signature Accountant, etc. M2. TOTAL WAGES PAID M1 No of DEPT K. SOCIAL SECURITY EMPLOYEE NAME NOTE - IMPORTANT THIS QUARTER ACCOUNT NUMBER First Initial Last Name YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B, REPORT OF WAGES, or on a format approved by the Depart-This is to certify that this is a ment. full, true cand correct copy of fine 2. If you have eight (8) or fewer ariginal document on tile with employees AND you are reporting wages that are NOT subject to AND EMPOORMENT STAINE LINE ! AD THE BOTH Unemployment insurance Department. مرصدينيك في and Disability Insurance, use ONLY form DE 3B, REPORT WAGES. to list these employees Please CHECK the appropriate Ror W Growenbacher box below nest Tax Branch Individual employees wages Emo are reported on form DE 3B. a pA Individual employees wages are reported on magnetic media. 379231 00 M3 Total of this page OR total of DE 3Bs attached =

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State of California — Employment Development Department 800 Capitol Mall, Sacramento, CA 95814

DE 3DP REV 10 (12-85)

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DK NOT RECONCILE THE ADJUSTMENT ON THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM JUSTMENT.)

INSTRUCTIONS.) QTR DELINQUENT IF QUARTER APR-1. 1988 NOT MAILED BY MAR-31 . 1988 DUE MAY-2, 1988 88 1 ENDED FEIN 13-1818723 DO NOT ALTER THIS AREA DC NOT ALTER
PREPRINTED INFORMATION 216-7069-0 P2 S DEPT. USE ONLY ٥ Employer Account No ANTI DEFAMATION LEAGUE 216 7069 0 823 UNITED NATIONS PLZ ٧r MIC Mo Day **NEW YORK** NY 10017 **EFFECTIVE** You must FILE this return even though you had no payroll this quarter. If you had no payroll show "O" in item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return. Enter in the boxes above the number 12th day of the calendar month (Enter To expedite processing and assure proper verification of wage and tax calculations, the information requested on this form should be typed. 427715 00 (B) B. TOTAL WAGES IN SUBJECT EMPLOYMENT C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) 329045 08 (C) (Individual Employee Wages to \$ D. DISABILITY INSURANCE TAXABLE WAGES (DI)
(Individual Employee Wages to \$ 21900 422855 7 (D) (Individual Employee Wages to \$ 6580 9 2-00 % Times C (E) F EMPLOYER'S UI CONTRIBUTIONS 0-10 % Times C (.0010 TIMES LINE C)(E1) E1 EMPLOYMENT TRAINING TAX (F2) Di Previously Paid F. EMPLOYEE CONTRIBUTIONS (DI) (F1) DI Employ 1-20 % Times D 0 5074.18 5074.18 **LESS** (G1) Total PIT Withheld this qu G. CALIFORNIA PERSONAL INCOME 0 3097.87 3097.87 TAX (PIT) WITHHELD **LESS** J. TAXES DUE THIS QUARTER (Add Items E. E1, F3, and G3) J1 Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. Do not staple check to return INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief APR-271 ASST. VICE PRES. Title CHEMICAL BANK-AGERS (Owne Signature Accountant, etc. TAL NAGES PAR K. SOCIAL SECURITY EMPLOYEE NAME NOTE - IMPORTANT SE First Initia IF YOU HAVE MORE THAN I EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B. REPORT OF WAGES, or on a format approved bv Department This is to certify that this is a 2 If you have eight (8) or fewer full, true and correct copy of the employees AND you are reoriginal document on tile with porting wages that are NOT Imployment Development subject to BOTH Unemployment SHEETING THE PRODUC Insurance and Disability Insurance, use ONLY form DE 3B. REPORT OF WAGES, to list these employees. Please CHECK the appropriate box below KON W Green Individual employees' wages are reported on form DE 3B an Individual employees' wages are reported on magnetic tape : Nº31 M3 Total of this page OR total of DE 3Bs attached

State of Cautornia — Employment Development Department 800 Casitol Mall, Sacramento, CA 95814

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. DC NOT RECONCILE THE ADJUSTMENT ON THIS DE 3 HOWEVER, THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM INSTRUCTIONS.)

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State of California / Employment Development Department P.O. Box 942880 / Sacramento, CA, 94280-0001

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT INSURANCE CODE.

DE 3DP REV 10 (12-85)

IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938. D. NOT RECONCILE THE ADJUSTMENT ON THIS DE HOWEVER, THE AMOUNT REMITTED WITH THIS DE SHOULD REFLECT THE ADJUSTMENT. (SEE ITEM LINSTRUCTIONS.)

QTR QUARTER **DELINQUENT IF** OCT-1. 1987 NOT MAILED BY_ NOV-2- 1987 SEP-30, 1987 DUE 87 3 **ENDED** FEIN 13-1818723 DO NOT ALTER THIS AREA DO NOT ALTER 216-7069-0 P1 1 P2 " S Wπ PREPRINTED INFORMATION ONL 61 USE Employer Account No. 7 \mathfrak{O} ANTI DEFAMATION LEAGUE 216 7069 0 \Box DEPT. 823 UNITED NATIONS PLZ Мо Day NEW YORK NY 10017 **EFFECTIVE** DATE You must FILE this return even though you had no payroll this quarter. If you had no payroll show "0" in Item B. Enter a check mark in the block on the return envelope and sign the declaration at the bottom of the return. To expedite processing and assure proper verification of wage and tax calculations, the nformation requested on this form should be typed. 334686 61 B. TOTAL WAGES IN SUBJECT EMPLOYMENT (B) C. UNEMPLOYMENT INSURANCE TAXABLE WAGES (UI) 43410 39 (Individual Employee Wages to \$ 7000 (C) D. DISABILITY INSURANCE TAXABLE WAGES (DI) 2300718 (Individual Employee Wages to \$ 21900 (D) 2-70 % Times C E. EMPLOYER'S UI CONTRIBUTIONS (E) E1. EMPLOYMENT TRAINING TAX 0-10 % Times C (-0010 TIMES LINE C)(E1) F EMPLOYEE CONTRIBUTIONS (DI) (F2) This Qu 1-20 % Times D. 2760.82 WITHHELD 2760.82 **LESS** G. CALIFORNIA PERSONAL INCOME (G1) Total PIT Withheld this quarter 0 299.09 TAX (PIT) WITHHELD **LESS** J. TAXES DUE THIS QUARTER (Add Items E, E1, F3, and G3) J1. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT Bank No. . ▶ (J) INCLUDE EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. Do not staple check to return THIS DECLARATION: I DECLARE that the information persinvice DREEd correct to the best of my knowledge and belief CHEMICAL BANK-AGENT Signature Accountant, etc. M2 TOTAL WAGES PAID SOCIAL SECURITY ACCOUNT NUMBER EMPLOYEE NAME M] No of Was NOTE - IMPORTANT IF YOU HAVE MORE THAN EIGHT (8) EMPLOYEES, list ALL employees on form DE 3B. REPORT OF WAGES. or on a format approved by the Department. This is to comity that this is a If you have eight (8) or fewer full, true and correct copy of the employees AND you are reporting wages that are NOT subject to BOTH Unemployerigeral document on Development Employment * ment Insurance and Disability wing the Poople Insurance, use ONLY form DE 3B. REPORT OF WAGES. to list these employees. Please CHECK the appropriate box below Karliw Brownbacker _Individual employees' wages | are reported on form DE 3B net Tool British Individual employees' wages are reported on magnetic an tape M3 Total of this page OR total of DE 3Bs attached

itate of California - Employment Development Department 100 Capitol Mall, Sacramento; CA 95814

DE 3 QUARTERLY CONTRIBUTION RETURN and REPORT OF WAGES UNDER THE UNEMPLOYMENT **NSURANCE CODE.**

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.State of California—Employment Development Department 1800 Capitol Mall, Sacramento, CA 95,14

DE 3DP REV 10 (12-85)

DE 3 QUARTERLY CONTRIBUTION RETURN
and REPORT OF WAGES UNDER THE UNEMPLOYMENT
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IMPORTANT: IF YOU NEED TO ADJUST A PRIOR QUARTER, YOU MUST COMPLETE AND ATTACH A FORM DE 938.

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Karl W Grossenbacker

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LEHRER D	\$ 13	18,068.75 0	5 14	15,487.50 0	\$ 13 \$ 03	15,487.50 0 360.00 0	\$ 13	15,571.86
LEVINE P	5				\$ 13 \$ 13	3,296.77 0 6,249.96 0	s 13	4,632.06
LAMPEC V LATTIMA J LAUREN M LEHRER D LEVIN R LEVINE P LIGHTH J LIGHTH L L LIGHTH L L LIGHTH L L L L L L L L L L L L L L L L L L L	S 13	7,291.62 0	S 13	6,249.96 0	3 .5		s 13	5,760.45
ONG D OC	Ś							
MANDEL J	.			4 771 34 6	\$ 13	3,076.92 0	s 13	6,250.00
MAACUS M	\$ 13	3,313.08 0	\$ 13	6,731.26 0	\$ 13	4.537.22 0	\$ 13 \$ 13	4,854.69
ONR I	\$ 13	4,812.50 0	\$ 13 \$ 01	4,125.00 0 193.83 0	\$ 13	4,125.00 0	3 13	3,683.84
onmou I	13	4,217, 30 0	\$ 13	7,500.00 0	\$ 13	3,076.90 0		
ORRIOL I PEPPER L PETERS P RIMEY D ROCHEE D		4,347.50 0	\$ 13	3,797.50 0	\$ 13	3,424.96 0	\$ 13	3,193.71
	5 13	5,972,20 0	\$ 13	5,071.26 0	s 13	2,021.26 0	s 13	4,481.78
ROSERT B	8 13	4,247,47 0	\$ 13	7,521.78 0 3,627.69 0	\$ 13 \$ 13	5,071.26 0 7,321.78 0 3,623.74 0	\$ 13	7,44.55 3,145.00
	5 13	5,395,81 0 4,200,00 0	\$ 13	4,539,29 0	\$ 13 \$ 13	4,209.90 0 3,154.25 0	s 13	3,249.91
SAMUEL H) \$ 13) \$ 13	17,491,25 0 7,424,99 4	s 13	14,992.50 0	S 13	14,992.50 0	s 13	15,101.03
CATIFOR S			\$ 13	6,649,56.0	5 13	6,659.98 Q	5 13	6,85.85



This is to certify that this is a full, true and correct copy of the original document on file with the Employment Development Department.

Karl W. Grossenbacher Employment Tax Branch

by Kay R. Marches