The Commonwealth of Massachusetts

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	oter one hundred and ten, Section five of the
General Laws, as amended, the undersigned he	
of	
	is conducted at
Number	Street
CITY OR	TOWN
by the following named persons.	IOWN
FULL NAME	RESIDENCE
TOLE NAME	RESIDENCE
Signed	
(SIGNATURE)	(SIGNATURE)
(SIGNATURE)	(SIGNATURE)
71 6 41	r an
The Commonwealth	or massachuseus
SS.	, 20
Personally appeared before me the above-na	med
and made oath that the foregoing statement is tr	
A certificate issued in accordance with this	s section shall be in force and effect for four
years from the date of issue and shall be renev	
business shall be conducted and shall lapse and b	be void unless so renewed.
Expiration Date	
(Seal)	
	TITLE