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	FINANCING : OW INSTRUCTION		l pack) CAREFULLY	,						
A. NAM	E & PHONE OF CON Phone:(800)		ional] 3x: (818) 662-414	41						
B. SEN	D ACKNOWLEDGEME	ENT TO: (Name and	i Address) 128	34 SNAP C	ON CREDIT					
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						THE ABOVE SPA	CE IS FOR FI	LING OFFICE USE ONL	Υ	
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	1b. INDIVIDUAL'S LAST NAME CROWSHAW				PAT		MIDDLE NAME		SUFFIX	
	: MAILING ADDRESS 6 INDIAN RD				E. PROVIDE	ENCE	STATE RI			NTRY
ld. <u>SEE</u>	d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION				1f. JURISDICTION	OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		[]	
2. ADDI	TIONAL DEBTOR	DEBTOR S EXACT FULL L	EGAL NAME - insert	only one del	otor name (2a or 2	(b) - do not abbreviate or	combine na	mes		NONE
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