| NAME     | Lewis-J.L.                  |         |     |
|----------|-----------------------------|---------|-----|
|          | Examiner-Dept. of Insurance |         |     |
|          | -                           |         |     |
| NATURE   | Oath of office              |         | 1   |
|          |                             |         |     |
|          | -                           |         |     |
| FILED    | May 26,1917                 | FILE NO | 680 |
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| PRINCHER |                             |         |     |