



E-1

COV-01214 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER

946-0428300

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
PALEN		LIEZEL		PAESTE				03 30 1995	
SEX		CIVIL STATUS						TAX IDENTIFICATION NUMBER (IF ANY)	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others							
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)					
FILIPINO		BORN AGAIN		NAJKAN, SAUDI ARABIA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)									
BLK2 LOT 13 MIRAMONTE TOWNHOMES PIT-05									
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)			(PROVINCE)		(COUNTRY)	ZIP CODE
PIT-05			CEBU			PHILIPPINES		6000	
MOBILE/CELLPHONE NUMBER			E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)			
09327902076			liezelpalen@gmail.com						
FATHER		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)	
		DECEASED							
MOTHER'S MAIDEN NAME		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)	
		PAESTE		MARIA LINDA		TAGANAHAN			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)			
CHILD/REN		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)			
1.													
2.													
3.													
4.													
5.													
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)										RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)	
1.		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)					
2.													

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)				NON-WORKING SPOUSE (NWS)			
Profession/Business		Foreign Address				SS No./Common Reference No. of Working Spouse			
Year Prof./Business Started						Monthly Income of Working Spouse (P)			
Monthly Earnings		Monthly Earnings		Are you applying for membership in the Flexi-Fund Program?		I agree with my spouse's membership with SSS.			
P		P		<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE			

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

LIEZEL P. PALEN

PRINTED NAME

Liezelpalen

SIGNATURE

04-07-16

DATE



RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE & MSC (FOR NWS)		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)					
P		P									
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME		DATE & TIME		SIGNATURE OVER PRINTED NAME		DATE & TIME	
P		P									
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)							
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				SIGNATURE OVER PRINTED NAME		DATE & TIME			



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY												
Pag-IBIG MID NUMBER												
1	2	1	1		6	7	5	1	7	6	0	3
REGISTRATION TRACKING NUMBER												
916098776548												

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields which are marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select 'UNEMPLOYED/NOT YET EMPLOYED'.
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	PALEN	LIEZEL		PAESTE	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER (Maiden Name)	PAESTE	MARIA LINDA		TAGANAHAN	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PALEN	LIEZEL		PEASTE	<input type="checkbox"/>
*DATE OF BIRTH	<input type="text" value="03"/> <input type="text" value="30"/> <input type="text" value="19"/> <input type="text" value="95"/>		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
<i>mm dd yyyy</i>			<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled		<input type="text"/>
				<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
SAUDI ARABIA		FILIPINO		<input type="text"/>	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input type="checkbox"/> Male	155 (cm)	60 (kg)			<input type="text"/>
<input checked="" type="checkbox"/> Female					<i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		<input type="text"/>	
<input type="text"/>		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually		<i>For DepEd Employee, Division Code-Station Code</i>	
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<input type="text"/>	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country (if abroad)			MIRAMONTE TOWNHOMES
		CEBU			ZIP Code
					6000
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country (if abroad)			MIRAMONTE TOWNHOMES
		CEBU			ZIP Code
					6000
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
<i>(Indicate country code if abroad)</i>					
COUNTRY + AREA CODE		TELEPHONE NUMBER			
Home		<input type="text"/>			
Cell Phone		<input type="text"/>			
0932		7902076			
Business (Direct Line)					
<input type="text"/>					
Business (Trunk Line)					
<input type="text"/>					
Local					
<input type="text"/>					
Email Address					
liezelpalen@gmail.com					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

EMPLOYER/BUSINESS NAME LEARNING LADDER CEBU CHILDRENS HOUSE INC				MONTHLY INCOME Basic 0.00	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 1160				Allowances/Others 0.00	
Street Name Subdivision Barangay VRAMA AVENUE GUADALUPE				Total Mo. Income 0.00	
Municipality/City Province *State/Country (If abroad) ZIP Code CEBU CITY CEBU 6000				*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) <input type="checkbox"/> Sea-based (Pls. specify manning agency)	
*OCCUPATION Preschool and Kindergarten Teachers		*EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
				*DATE EMPLOYED (Month, Year) April 2016	

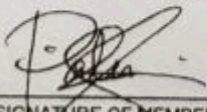
PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y y y

HEIRS (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
PALEN	MARIA LINDA		PAESTE	<input type="checkbox"/>	MOTHER	03 16 1962 m m d d y y y y
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m d d y y y y
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m d d y y y y
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.



 SIGNATURE OF MEMBER

4/11/2016

 DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
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DISCLAIMER: Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

19 April 2016

Member Name : **PALEN , LIEZEL PAESTE**
Member Address : **BLK2 LT13 MIRAMONTE TOWNHOMES PIT-OS, CEBU CITY, CEBU 6000**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-0912-3711**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

we would like to give you and your family continued protection on health.

Respectfully,

WILLIAM O. CHAVEZ
Regional Vice President
PRO - VII Cebu City

This is a system generated document, signature is not required



Cebu Normal University
Office of the University Registrar
Osmeña Blvd., Cebu City 6000, Philippines
Telefax: (032) 254-0067 E Mail: cnuregistrar@gmail.com
School Code: 0778

Member: Accrediting Agency of Chartered
Colleges & Universities of the Philippines
Inc. (AACCCUP).

OFFICIAL TRANSCRIPT OF RECORDS

Page : 3

Student Name : PALEN, LIEZEL PAESTE

Subject Title & No Description Grade Unit

Cebu Normal University, Cebu City

Second Semester 2013-2014

BACHELOR OF ELEMENTARY EDUCATION - EARLY CHILDHOOD EDUCATION (B.E.ED.-ECE)

ECE C5	Early Childhood Competencies and Curriculum Design	1.80	3.0
ECE C6	Creative Arts: Music, Arts, Movements & Dramatic Play for Young Children	1.70	3.0
ECE C7	Reading Readiness Methods and Strategies	1.70	3.0
ECE C8	Language Skills Development for Young Children	1.80	3.0
Educ. 5	Ed. Tech. 2 - (ICT)	1.80	3.0
Educ. 6	Teaching Profession	2.00	3.0
Educ. 7	Principles of Teaching 1	2.00	3.0
Educ. 8	Developmental Reading 2	2.00	3.0
P.E. 4	Recreational Activities	1.20	2.0

First Semester 2014-2015

BACHELOR OF ELEMENTARY EDUCATION - EARLY CHILDHOOD EDUCATION (B.E.ED.-ECE)

ECE C10	Mathematics for Young Children	1.50	3.0
ECE C11	Classroom Management in Early Childhood Education	1.40	3.0
ECE C12	Guidance and Counseling for Young Children	1.80	3.0
ECE C9	Science and Health: Concepts and Processes	1.60	3.0
Educ. 10	Assessment of Student Learning 1	1.90	3.0
Educ. 11	Field Study 1	1.70	3.0
Educ. 9	Principles of Teaching 2	1.80	3.0
Hist. 1	Philippine History	1.80	3.0
Lit. 1	Literature of the Philippines	1.50	3.0

Second Semester 2014-2015

BACHELOR OF ELEMENTARY EDUCATION - EARLY CHILDHOOD EDUCATION (B.E.ED.-ECE)

ECE C13	Observation And Assessment of Early Learners	1.60	3.0
ECE C14	Trends & Issues in Preschool	2.60	3.0
ECE C15	Preparation of Instructional Materials and Teaching Devices	1.90	3.0
ECE C16	Information Technology in Early Childhood Education	2.50	3.0
Educ. 12	Assessment of Student Learning 2	1.90	3.0
Educ. 13	Field Study 2	1.80	3.0
Educ. 14	Curriculum Development	1.60	3.0
Educ. 15	Intro. to Research	2.30	3.0
SS 4	Economics w/ Agrarian Reform	1.50	3.0

First Semester 2015-2016

BACHELOR OF ELEMENTARY EDUCATION - EARLY CHILDHOOD EDUCATION (B.E.ED.-ECE)

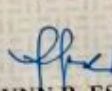
Educ. 18	Student Teaching	1.80	6.0
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NOTE : This transcript is original if it bears the embossed seal of the university and the ink signature of the Registrar.

NOT VALID WITHOUT
SEAL

OR No. 204241
Dated 04-18-2016

user: gilbuenar date issued: 04-25-2016 03:32:09pm


FLORDELYNN B. ESGANA-ESCARDA, LLB., MPA
University Registrar III



NATIONAL STATISTICS OFFICE

FOREIGN SERVICE OF THE PHILIPPINES

DEC 15 1995

REPORT OF BIRTH

CHILD BORN ABROAD OF PHILIPPINE PARENT OR PARENTS

PLACE AND DATE OF REPORT: SEPT 23 1995 KXH-NAIRAN

HOUR: 9:20 PM

PLACE OF BIRTH: MARCH 30 1995

PLACE OF BIRTH (IN FULL): KING KHALED HOSPITAL, NAIRAN, K.S.A.

CIVIL STATUS OF PARENTS: MARRIED

(FATHER)

Full name: JONATHAN PALEN

Race: BLACK Religion: R. CATHOLIC

Date of Birth: AVG. 15 1959

Occupation: SERVICE TATT

Present residence: BUTUAN, AGUAN, PHL

Birthplace: BUTUAN, AGUAN, PHL

Naturalized (if foreign born):

(MOTHER)

Full name: MR. LINDA PAESTE

Name Before Marriage:

Race: BLACK Religion: R. CATHOLIC

Date of Birth: MARCH 16 1962

Present residence: LILA, BOHOL, PHL

Birthplace: LILA, BOHOL, PHL

Naturalized (if foreign born):

Registered as Philippine citizen at: BUTUAN, AGUAN, PHL

Registered as Philippine citizen at: LILA, BOHOL, PHILIPPINES

Passport No. K-316633 Issued by: KYAB

Passport No. J-E 192013 Issued by: JAB

Valid to: JANUARY 25 1997

Valid to: JANUARY 25 1997

Residence: MANILA, PHILIPPINES 39.5K

Dated: JANUARY 01 1993

Valid to: JANUARY 01 1997

Precise Period and Places of Philippine residence: TIGAY, LILA, BOHOL, PHILIPPINES

Name & Date of Marriage: OPILARAN, PHILIPPINES

No. of Previous Marriages: ONE

Name and Address of Physician or Nurse: DR. RAMA KING KHALED HOSPITAL, NAIRAN, K.S.A.

No. Now Living: ONE

Name and Address of Physician or Nurse: DR. RAMA KING KHALED HOSPITAL, NAIRAN, K.S.A.

Signature of Parent, Physician/Nurse: [Signature]

Signature of Parent, Physician/Nurse: [Signature]

WHEN REPORTED BY MAIL, SIGN IN THE PRESENCE OF TWO WITNESSES)

WHEN REPORTED IN PERSON, USE THIS FOR

DECLARED to in our presence this day of 19

SUBSCRIBED AND SWORN to before me this 3rd day of October 1995 at Cebu

Witness Address Witness Witness

AMANDO L. COMIA VICE CONSUL

PHILIPPINE CONSULATE GENERAL

03 OCT 1995

The foregoing information was furnished by father/mother, physician/nurse and supported by (affidavit, physician's certificate, certificate from local authorities). This report has been executed in triplicate copies issued to parents, copy transmitted to Department of Foreign Affairs, Manila, and copy placed in the files of this office.

REMARKS:

SEAL) NO FEE PRESCRIBED October 1974-100

05840-6C-400JSA-01112-BI001 BEST POSSIBLE IMAGE



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YJ000764314

BReN (90682-A95EW03-9)

Documentary Stamp Tax Paid

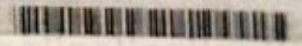
Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General Philippine Statistics Authority

APR 25 2016

DATE

WHITMED TRUE COPY

[Signature]





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

PALEN, LIEZEL PAESTE

TIN 485-287-901-000

BLK 2 LOT 13 MIRAMONTE

PIT-OS CEBU CITY

BIRTH DATE: 03/30/1995

ISSUE DATE: 06/03/2019



SIGNATURE