



STATE OF NEW YORK DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE ATTORNEY GENERAL

Form 10-1
(Rev. 10-1-80)

Name: JOHN J. BROWN Date: 10-1-80
 Last Name First Initial
 Signature: JOHN J. BROWN Date: 10-1-80
 Printing Name: JOHN J. BROWN Date: 10-1-80

Address: 1000 Broadway, New York, NY 10018
 City: NEW YORK State: NY Zip: 10018
 Telephone: 212-123-4567
 Business: 1000 Broadway, New York, NY 10018
 Home: 1000 Broadway, New York, NY 10018
 Other: 1000 Broadway, New York, NY 10018
 Date of Birth: 10-1-80
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		STREET ADDRESS	CITY, STATE, ZIP	
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2	AC			
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4	BP			
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7	EP			
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I, JOHN J. BROWN, hereby certify that the information contained in this form is true and correct, except where noted in the Printing Unit and that the document is CONFIDENTIAL - NOT FOR PUBLICATION.

JOHN J. BROWN
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 Date: 10-1-80