

HOW TO OBTAIN PAYMENT

WHEN THE REGISTERED OWNER DESIRES PAYMENT HE MUST SIGN THE FOLLOWING REQUEST IN THE PRESENCE OF AN AUTHORIZED CERTIFYING OFFICER (SEE BELOW) AND EITHER PRESENT THIS BOND FOR PAYMENT AT AN AUTHORIZED PAYING OFFICE OR FORWARD IT BY REGISTERED MAIL TO THE TREASURER OF THE UNITED STATES, WASHINGTON, D. C.

NO PAYMENT WILL BE MADE AT A POST OFFICE UNLESS THE REQUEST IS SIGNED IN THE PRESENCE OF THE POSTMASTER OR OTHER POST OFFICE OFFICIAL WHO IS TO MAKE PAYMENT.

REQUEST FOR PAYMENT

I HEREBY CERTIFY THAT I AM THE REGISTERED OWNER WHOSE NAME IS INSCRIBED ON THE FACE OF THE WITHIN ADJUSTED SERVICE BOND AND I HEREBY REQUEST PAYMENT OF THE PRINCIPAL SUM OF THE BOND TOGETHER WITH INTEREST, IF ANY.

SIGNATURE OF REGISTERED OWNER _____ ADDRESS OF REGISTERED OWNER _____
OWNER IDENTIFIED AND SIGNATURE WITNESSED BY _____

SIGNATURES OF WITNESSES _____ ADDRESSES OF WITNESSES _____

I CERTIFY THAT THE ABOVE-NAMED OWNER, OF WHOSE IDENTITY I AM SATISFIED TO MY PERSONAL KNOWLEDGE OR ON THE STATEMENT OF THE ABOVE WITNESSES OR OTHERWISE, SIGNED THE ABOVE APPLICATION FOR PAYMENT IN MY PRESENCE, ACKNOWLEDGING THE SAME TO BE HIS FREE ACT AND DEED.

(OFFICIAL SEAL OR STAMP OF CERTIFYING OFFICER)

SIGNATURE OF CERTIFYING OFFICER _____

DATED AT _____

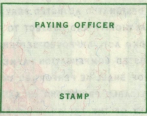
19 _____

OFFICIAL DESIGNATION _____

ANY ONE OF THE FOLLOWING MAY ACT AS CERTIFYING OFFICER: POSTMASTERS, UNDER THEIR OFFICIAL STAMP, JUDGES AND CLERKS OF UNITED STATES COURTS, UNDER THE SEAL OF THE COURT; EXECUTIVE OFFICERS OF INCORPORATED BANKS AND TRUST COMPANIES IN THE UNITED STATES, UNDER THE SEAL OF THE BANK OR TRUST COMPANY, AND DIPLOMATIC AND CONSULAR REPRESENTATIVES OF THE UNITED STATES ON DUTY ABROAD.

(THE CERTIFYING OFFICER WILL BE RESPONSIBLE FOR IDENTIFICATION AND MAY REQUIRE IDENTIFYING WITNESSES IF NECESSARY.)

PAYMENT RECORD

CHECK NO. _____	PAYING OFFICER  STAMP	PRINCIPAL.....	\$ 50.00
		INTEREST (NOT BEFORE JUNE 15, 1937).....	_____
		TOTAL.....	\$ _____
_____		PAYING OFFICER	_____

FULL PAYMENT OF THE WITHIN BOND RECEIVED BY _____

SIGNATURE OF REGISTERED OWNER _____ DATE OF PAYMENT _____, 19 _____

FINGER PRINTS OF APPLICANT

(USE FOUR FINGERS OF RIGHT HAND. IF OTHER PRINTS HAVE TO BE USED, SPECIFY CAREFULLY.)

PUNCH
CANCELLATION