1999

8

Name of Reporting Corporation					
Number and Street			Mail completed	Form 8 to:	
Number and Otreet			Wisconsin Department of		
City	State	Zip Code	Revenue P.O. Box 8908		
			Madison, WI 5	3708-8908	
STOCK TRANSFERRED FF	OM:		Due Date is Ma	arch 15, 2000	
Name of Transferor			Transferor's Social Security Number		
Number and Street			Number of Shares Tran	Number of Shares Transferred	
City	State	Zip Code	Par Value Per Share		
IC-091			\$ Wisconsin Do	partment of Reven	
G-091			Wisconsin De	epartment of Reven	
	FOLD AND	D TEAR ON PERFORATION			
1999	Transfers	of Capital Stoc	k	Form	
Name of Reporting Corporation					
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Number and Street					
City	State	Zip Code	Wisconsin Department of Revenue		
	State	Zip Gode	P.O. Box 8908 Madison, WI 53708-8908		
STOCK TRANSFERRED FRO	DM:		Due Date is Ma	arch 15, 2000	
Name of Transferor			Transferor's Social Security Number		
Number and Street	N		Number of Shares Trar	Number of Shares Transferred	
City	State	Zip Code	Par Value Per Share		
10.004			\$		
IC-091			Wisconsin De	epartment of Reven	
	FOLD AND	D TEAR ON PERFORATION			
4000					
1999	Transfers	of Capital Stoc	k	Form	
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Number and Street			Mail completed Form 8 to: Wisconsin Department of Revenue		
City	State	Zip Code	P.O. Box 8908 Madison, WI 53708-8908		
STOCK TRANSFERRED FRO	DM:		Due Date is Ma		
Name of Transferor				curity Number	
Number and Street			Number of Shares Transferred		
City	04-4-	7:- 0			
City	State	Zip Code	Par Value Per Share \$		

Instructions for Form 8

Who Must File

All corporations doing business in Wisconsin must file with the Wisconsin Department of Revenue a report of transfers of capital stock made by individuals who were Wisconsin residents during the CALENDAR YEAR 1999. File Form 8 only for the Wisconsin residents who disposed of their stock and not for the persons who acquired it. Failure to file Form 8 by March 15, 2000, or filing an incorrect Form 8 due to wilful neglect may result in a penalty of \$10 for each violation.

When to File

File Form 8 by March 15, 2000, for stock transfers during calendar year 1999.

Additional Forms or Assistance

If you need more forms, call (608) 266-1961 or write to the Forms Request Office, Wisconsin Department of Revenue, P.O. Box 8903, Madison, WI 53708-8903. If you need help preparing Form 8, call (608) 266-2772 or write to the Audit Bureau, Wisconsin Department of Revenue, P.O. Box 8906, Madison, WI 53708-8906.

Specific Instructions

Enter the name and address of the reporting corporation, the name and address of the transferor, the number of shares transferred, and the par value per share. Also enter the transferor's social security number, if known.

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