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Transfers of Capital Stock

2009

Name of Reporting Corporation			Mail completed Form 8 to:
Number and Street			Wisconsin Department of Revenue
City	State	Zip Code	PO Box 8908
,		,	Madison, WI 53708-8908
STOCK TRANSFERRED F	ROM:		Due Date is March 15, 2010
Name of Transferor			Transferor's Social Security Number
Number and Street			Number of Shares Transferred
			14.135. 3. 3.13.35 113.35.133
City	State	Zip Code	Par Value Per Share
IC-091			Wisconsin Department of Revenue
	FOLD AND	TEAR ON PERFORATION	·
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Form 8	Transfers	of Capital Stock	2009
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Number and Street			Mail completed Form 8 to:
			Wisconsin Department of Revenue PO Box 8908
City	State	Zip Code	Madison, WI 53708-8908
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Traine of Transferor			Transieror o dociar decarty Number
Number and Street			Number of Shares Transferred
City	State	Zip Code	Par Value Per Share
			\$
IC-091			Wisconsin Department of Revenue
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Oity	State	Zip oode	Madison, WI 53708-8908
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Name of Transferor			Transferor's Social Security Number
Number and Street			Number of Shares Transferred
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 2009. 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, 2010, or filing an incorrect Form 8 due to willful neglect, may result in a penalty of \$10 for each violation.

When to File

File Form 8 by March 15, 2010, for stock transfers during calendar year 2009.

Additional Forms or Assistance

If you need more forms, download them from the Department's web site at www.revenue.wi.gov, request forms online at www.revenue.wi.gov, call (608) 266-1961, or write to the Forms Request Office, Wisconsin Department of Revenue, Mail Stop 5-77, P.O. Box 8949, Madison, WI 53708-8949. For help in preparing Form 8, e-mail corp@revenue.wi.gov, call (608) 266-2772, or write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, 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 transferrer's social security number, if known.

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