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OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response...	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *					
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1 os trsName					

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