AA-1 (R-12-10)		PRINT OR TYPE INFORMATION	N	
ORIGINAL - RETURN		e Development - Division of Employer Accounts	PO Boy 913 Trenton NI 08625.	.0013
Authorized Age		e Development - Division of Employer Accounts	, FO BOX 913, Helloll, NJ 00023	3.Check form (X) of Organization
	iii itesisii uiion			Proprietorship
1. Authorized Agent FEIN No.				Partnership
O ÊÁÁÁÁÉ	ÁÁÁËÁÁÁÐ			Corporation LLC Limited Liability Company
2. Name, Trade Name If Any, P	ermanent Mailing Address			LLP Limited Liability Partnership
				Estate/Trust
				Limited Partnership Unincorporated Association
				Other
			7. 6.1	
City			Zip Code	
4. Who should we contact for in	formation?	5. Date of First Representation of Clients in New Je	ersey: 6. Telephone Number	r:
Name:				
		Date: —	_	
For Business E	ntities Other Th	an Sole-Proprietors (Indiv	iduals) or Single V	lember LLC
			idadis) of Single in	
7. Names of principals or others	authorized to act on behalf of the	authorized agent and/or to receive notice:		
A. First Name:		Last Name:		
B. Date Representative Began				
C. Local Address:				
City		State	Zip Code	
D. Local Telephone Number:	-			
E. Address of Principal Busin	ess Location (If different from ab	ove):		
City		State	Zip Code	
F. Telephone Number of Prin	cipal Business Location (If differ	ent from above:)		
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