CATION TRANT VENT	Name of Registrant 1. Place of	A. First Leo A. Institution or Stu	B. Middle	C. Last Villeges	Date of Event 2.	Month Dec.	Day 2, 1	Year 925	Birth	
	Event 3.			B. Town or City Globe	C. County G11a				D. State ARIZON	
TA Be	A. Item No. and Identification			B. Item Appears Before Amendment		C. Item Appears After Ame				<u>~</u>
	1 2 2 3	Full name o	f child	Elias Villegas		Leo A.	_			
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 SE	Supplementar	y Entries	<u> </u>				· · · · · · · · · · · · · · · · · · ·			<u>}</u>

R ST OI ISTRAR'S ibstantiates the changes set forth. Date Amended 11-24-1975 Amendment No. 75-299 FIFICATION Registrar's Signature

Title ASSISTANT STATE