

## Periodic Transaction Report

**OFFICE TELEPHONE: (202) 225-2265**

**File an original and 2 copies.**

☐ Yes ☒ No

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

	<input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Amendment
Date of Report Being Amended:		

Date of Report Being Amended:

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