PAPERWORK REDUCTION ACT COLLECTION DISCONTINUATION FORM			
Agency/Subagency		OMB Control Number	
		_	
Title of Collection:			
Ourself Funication Pate	Requ	Requested Expiration Date	
Current Expiration Date	to D	to Discontinue Collection	
/		1	
month / year		month / year	
Reason for Discontinuation:			
	<u></u>	1	
Signature of Senior Official or Designee:	Date:	For OIRA Use	

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