

9. OWNER'S NAME IF INDIVIDUAL			
OR	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
	BUSINESS		
	BUSINESS NAME		
10. MAILING ADDRESS: (STREET OR P.O. BOX)			
ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
INTENDED SALE (If applicable -- at least 60 days next succeeding filing of such notice)			
DATE OF SALE: _____		PLACE OF SALE: _____	
CLAIMANT'S SIGNATURE		DATE	