

WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3630 TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

APPLICATION PACKET FOR CHARITABLE / NONPROFIT ORGANIZATIONS FUND-RAISING EVENT (Standard, Limited, or Joint)

THIS PACKET CONTAINS:

- The basic application form (GC4-090);
- Joint Fund-Raising Event Agreement (GC4-090a);
- Training Requirements for All Applicants (GC5-017) letter; and
- Fee Schedule Bona Fide Charitable / Nonprofit Organization (GC5-055 FS).

GENERAL INFORMATION:

- The information from this application and other requested documents are used to determine the qualification of your organization, premises, and members or employees involved in the management or operation of your proposed gambling activity.
- Should you fail to respond to a written request for additional information, documentation, and / or fees within thirty (30) days, we may begin administrative closure of your application. In that case, we will close your file without further action.
- If you decide to voluntarily withdraw your application, or the commission staff administratively closes or denies your application, your base license fee(s) may not be refunded. See WAC 230-05-136.
- The lead organization must complete form Joint Fund-Raising Event Agreement (GC4-090a).

EVENT REQUIREMENTS / INFORMATION:

- 1. You must read and comply with the commission rules. You must also develop and post house rules (WAC 230-09-020) where you will conduct your event.
- If you are conducting a standard FRE, you must ensure you are properly staffed. Based on a survey of licensed FREs
 an organization should plan to utilize a minimum of 30-40 or more <u>bona fide members</u> to effectively operate a 10 station
 activity. <u>Remember</u>, only bona fide members that are 18 years old and above may participate in the operation or
 management of a standard FRE.
- 3. If you are conducting a limited FRE, you must ensure that you have at least 3 members who will be responsible for any collection of cash related to the gambling activity, distribution of scrip, conducting the scheme to determine the winners of merchandise prizes, and maintenance of records.
- 4. In accordance with WAC 230-09-005, you must notify your local law enforcement agency in writing at least ten (10) days prior to the FRE and the gambling equipment must be available and set-up at least two (2) hours prior to the event for possible inspection. Any changes in time, date, or location must be approved by the commission and notice given to your local law enforcement agency.
- 5. If you do not own all gambling equipment needed, you may either:
 - a. Purchase, lease, or borrow equipment from a licensed distributor or a licensed bona fide charitable or nonprofit organization which has held a FRE within the past twelve (12) months, or
 - b. You may construct your own equipment only if you apply for and receive either a Manufacturers license or a Special Sales Permit to manufacture gambling equipment prior to your FRE. Under WAC 230-03-200(6), devices and supplies used to conduct FREs are gambling equipment. This includes but is not limited to the following: Gambling chips, cards, dice, card shuffling devices, graphical game layouts for table games, ace finders or no-peek devices, roulette wheels, keno equipment, or tables manufactured exclusively for gambling purposes.
 - **Note 1:** Any charitable or nonprofit organization that rents or leases FRE equipment to other organizations more than five (5) times per year must first obtain a FRE equipment distributor's license *Charitable / Nonprofit Organization Packet* (GC4-028).
 - Note 2: Rental of premises and equipment must not exceed amounts set out in WAC 230-09-001.
- 6. The organization's event manager must complete the training. See WAC 230-03-070 and letter (GC5-017) regarding this requirement.

DISTRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000:

The maximum annual net receipts that may be retained by a nonprofit organization conducting a FRE is \$10,000.

NOTE: Net receipts are calculated by subtracting money used to purchase or award prizes from all wagers and bets received. Limited FREs can also deduct the cost of equipment rental when calculating the \$10,000 annual net receipts maximum.

You will be required to disclose the net receipts from any previous FRE conducted during the same calendar year. You must also disclose an eligible organization designated by your organization to receive any profits in excess of \$10,000. The application will assist you in determining whether the organization you have chosen will meet the definition of a charitable or nonprofit eligible to receive gambling proceeds. No one organization may receive more than \$10,000.

You must have a predetermined plan for awarding (as prizes) any money in excess of \$10,000 annual net receipts. The predetermined plan must be known to all event participants and is subject to verification by law enforcement personnel during the event. See WAC 230-09-010 for explanation of this requirement.

For assistance, contact the licensing unit at 360-486-3440 or at 1-800-345-2529 (toll-free).

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CHARITABLE / NONPROFIT ORGANIZATIONS FUND-RAISING EVENT (Standard, Limited, or Joint)

SUBMIT APPLICATION 60 DAYS PRIOR TO THE EVENT

| 30DWIT APPLICATION 00 D | AIS PRIOR TO THE EVENT | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| TYPE OF FUND-RAISING EVENT: Mark ⊠ appropriate box | for class: | | | | | | | | | | | | |
| Standard: | | | | | | | | | | | | | |
| One event, not to exceed 24 consecutive hours. Open to the public. | Is this a Joint FRE? Yes No | | | | | | | | | | | | |
| One event, more than 24 consecutive hours, not to exceed 72 consecutive hours. Open to the public. | If yes, are you the Lead or Assisting Organization? | | | | | | | | | | | | |
| <u>Limited</u> : | Base License Fee: \$ | | | | | | | | | | | | |
| ☐ One event – not more than six consecutive hours. Members and guests only. | See Fee Schedule (GC5-055 FS). | | | | | | | | | | | | |
| Limits Per Calendar Year: Two 24-hour or one 72-hou | r event, maximum of \$10,000 total annual net receipts. | | | | | | | | | | | | |
| 1. ORGANIZATIONAL INFORMATION: | | | | | | | | | | | | | |
| a. Applicant: | | | | | | | | | | | | | |
| | n Name / Chapter | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | |
| Street / P.O. Box | | | | | | | | | | | | | |
| City: | State: Zip: | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | |
| Organization Telephone | Gambling Premises Telephone | | | | | | | | | | | | |
| Fax: <u> - - </u> | <u>!</u> | | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | |
| @ | | | | | | | | | | | | | |
| b. Unified Business Identifier (UBI) # assigned by the De | pt. of Revenue: | | | | | | | | | | | | |
| c. Have you previously applied for or been licensed by the | ne commission? | | | | | | | | | | | | |
| If Yes: Organization / License Number? - | | | | | | | | | | | | | |
| What type of license? | | | | | | | | | | | | | |
| 2. EVENT INFORMATION: | | | | | | | | | | | | | |
| a. Date of Event: | | | | | | | | | | | | | |
| FROM: Date: / | Time: _ : _ am / _ pm (Mark ⊠ if | | | | | | | | | | | | |
| TO: Date: / / | Time: : | | | | | | | | | | | | |
| Business Office Use Only: | | | | | | | | | | | | | |
| Code: 211-09 Date: Amt: \$ _ | Val #: | | | | | | | | | | | | |

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| 2. | E۱ | EVENT INFORMATION: (continued) | |
|----|----|--|---|
| | b. | o. Premises Street Address: | |
| | | City: | _ State: <u> </u> |
| | | Premises Owner*: | |
| | | City Limits: | |
| | c. | c. Does the jurisdiction in which you plan to operate allow the gamb | oling activities you are applying for? |
| | | ☐ Yes ☐ No | |
| | d. | d. Owner of Equipment*: | or |
| | | Address: | |
| | | City: | _ State: <u> </u> Zip: <u> </u> <u> </u> |
| | | * IF LIMITED FRE, equipment distributor cannot be the same as | premises owner. |
| | e. | e. Are you planning to have a social card room tournament as part | of your fund-raising event? ☐ Yes ☐ No |
| | | If Yes, please answer the following questions. | |
| | | Cost to enter or purchase scrip? \$ | |
| | | Is there an additional cost to play or cost to purchase additional s | scrip? \$ |
| 3. | EL | ELECTED ORGANIZATION OFFICERS: Provide Full Legal Name | e and Proof of Identity such as a copy of a valid |
| | | driver's license, state identification card, or valid passport. (Age mus | |
| | a. | a. President: (or equivalent) | |
| | | Last Name: | |
| | | First Name: | |
| | | Middle Name: Bir | thdate: / / |
| | | Maiden / Alias Name: | |
| | | Home Address: Street | |
| | | City: | State: |
| | | Telephones: | |
| | | Home: | ork: |
| | | Cell: <u> </u> | |
| | b. | o. Treasurer: (or equivalent) | |
| | | Last Name: | |
| | | First Name: | |
| | | Middle Name: | thdate: / / |
| | | Maiden / Alias Name: | |
| | | Home Address: | |
| | | Street | |
| | | City: | _ State: <u> </u> Zip: <u> </u> <u> </u> |
| | | Telephones: | |
| | | Home: | ork: |
| | | Cell: | |

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| ELECTED OF | GANIZATION C | FFICERS: (| continued | l) | | | | | | | |
|----------------|---------------------|----------------|-------------|---------------|---------------|------------------|---------|--|----------|-----------|--|
| c. Secretary: | (or equivalent) | | | | | | | | | | |
| Last Name | : | | <u> </u> | li_ | | <u> </u> | | | | | |
| First Name | : | | <u> </u> | | | | | | | | ــــــــــــــــــــــــــــــــــــــ |
| Middle Nar | ne: | | | | Birthdate: | | / | <u></u> / | !_ | | <u> </u> |
| Maiden / A | ias Name: | | | | _ _ | | l | ! ! !! | | ! ! | _ |
| Home Add | · | | <u> </u> | | | | | | | | |
| City: | | Street | 1 1 1 | 1 1 | ¦ Stat | ا ا ۵۰ | 1 | Zip: | 1 1 | 1 | |
| Telephone | | | . . | | | . c . | I | ∠ιρ. <u> </u> | _ _ | | _! |
| Home | | | - <u> </u> | | Work: | <u> </u> | _ - | il | - ¦_ | ! ! | I _I |
| Cell | - - | | - <u> </u> | | | | | | | | |
| d. Chairman | of the Board: (or e | quivalent) | | | | | | | | | |
| Last Name | : | | | <u> -</u> | | <u> </u> | | | | | <u> </u> |
| First Name | : | | l | | | | | | | | |
| Middle Nar | ne: | | | | Birthdate: | l | / | / | | | <u> </u> |
| Maiden / A | ias Name: | | . . | | _ _ | II | _ | | _ | ! ! | <u> </u> |
| Home Add | | Street | <u> </u> | | | | | | ! | | <u> </u> |
| City: | . ! ! ! | | !!! | !! | ¦ Stat | e·l! | 1 | Zip: | !! | ! | ! |
| Telephone | | | - - | | | | | | _!!_ | I | _! |
| Home | - - | | - | | Work: | _ | _ - | | - ¦_ | l | _ |
| Cell | - - | | - | | | | | | | | |
| | EVENT MANAGE | | | | | | as a co | py of a v | alid dri | ver's lic | ense |
| | tion card, or valid | l passport. (A | Attach add | litional shee | ets if necess | ary). | | | | | |
| Last Name : | lii | | | li_ | | <u> </u> | | | | | <u> </u> |
| First Name: | | | ļ | ll_ | | <u></u> | | | | ! | <u></u> |
| Middle Name: | | | | | Birthdate: | l | / | ا / لـــــــــــــــــــــــــــــــــــ | | | <u> </u> |
| Maiden / Alias | Name: | | - | | _ _ | | l l | | _ | I I | |
| Home Addres | | ll Street | <u> </u> | | | <u></u> | | | | | <u></u> |
| City: | | | | | State: | <u></u> ; | .l | Zip: | | ! ! | <u> </u> |
| Telephone: | | | | | | | | - | | , | |
| Home: | - - | _ - | | | Work: | <u> </u> | _ - | | - | _ | <u>-</u> |
| Cell: | - | _ - - - | | | | | | | | | |

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| 5. | QUALIF | ICATION | / CERTIF | FICATIO | N IN | IFOF | RMA | TIOI | N: | | | | | | | | | | | | | | | |
|----|------------------|--|---------------------------------------|--------------------------------|-----------|---------|-------|--------|-------------------|---------|---------------|------|--------|---------|---|----------------|--------------|---------|------------|-----------------|------------------------|-------|---------|------|
| | a. Whe | a. When was your organization formed or incorporated? / | | | | | | | | | | | | | | | _ | _l | | | | | | |
| | b. Whe | า does yo | ur accour | nting fisc | cal ye | ear e | nd? | | | | | | L | ! !_ | MM | / | _ | | | | | | | |
| | ☐ A(| ⊠ all purp gricultural hletic | Ber | which y nevolen aritable | | _ Ci | vic | tion i | | _ Ele | and o eemo | osy | | | _ | Patri Polit | otic ical | | _ | eligio ienti | | | Soc | ial |
| | d. Is yo | | ation exe is your In nple: 501(| iternal F | Rever | nue S | Serv | rice (| IRS) | exen | nptio | n c | ode | sec | | | • | , ··- | ¦_ ode. | lː | _ | es/ | |] No |
| | e. Is yo □ Ye | ur organiz es | ation a br | | • | | | | y of a e follo | | | ari | tabl | e or | nor | npro | ifit oi | rgani | zatio | n? | | | | |
| | Nam | e of Orgar | nization: | <u> </u> | ! | I | | . | | ! !_ | !_ | | ! ! | _l | _ _ | _ _ | _ | _ | !_ | _ | ! !_ | _ | ! !_ | |
| | Rela | ionship: | <u> </u> _ | ! ! | ! ! !! | I | | | | l | !_ | | ! ! | _ _ | _ | _¦_ | _ | _ | _ | _ | _ | !_ | ! !_ | |
| | f. Does | your orga | anization | have vo | ting i | mem | ber | s? | | | | | | | | | | | | | □ Y | 'es | |] No |
| 6. | RECUIE | RED ATTA | CHMEN' | TS _ Δt | tach | and o | euhi | mit th | na foll | owin | a do | CUI | mar | nte w | /ith | VOLU | anr | dicat | ion | | | | | |
| 0. | All App | | COMMEN | 1 0 – At | lacii | ana . | Jubi | | 10 1011 | OVVIII | g uo | cui | 1101 | 11.5 W | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | you | арь | noat | 1011. | | | | | |
| | a. IRS I | Exempt St nent of fed | | | | a co | ру с | of you | ur IRS | S lett | er de | ecla | rinç | g yo | ur o | rgaı | nizat | ion is | s exe | ∍mp | t fro | m the | е | |
| | b. A cop | by of your | current b | ylaws a | nd aı | ticle | s of | inco | rpora | tion a | and a | any | am | nend | lme | nts, | inclu | uding | l diss | solu | tion | state | mer | nt. |
| | c. Copi | es of the n | ninutes fr | om you | r two | mos | t re | cent | meet | ings | plus | on | e th | at is | in e | exce | ess c | of 12 | mon | ıths. | | | | |
| | | separate period. | sheet, bri | iefly des | scribe | e hov | v yo | ur or | ganiz | zatior | n has | s m | et tl | he p | urp | ose(| s) se | et ou | t in 5 | 5.C. | durir | ng yo | our la | ast |
| | | separate nization to | | | | | | | of cha | aritab | le aı | nd/d | or n | onp | rofit | ser | vice | s tha | t are | prc | vide | d by | you | r |
| | f. Copy | of the cu | rrent leas | e agree | men | t for t | the I | build | ing a | nd ed | quipr | ner | nt. | | | | | | | | | | | |
| 7. | LIMITE | FUND-R | RAISING | EVENT | WOF | RKSI | HEE | ΞT | | | | | | | | | | | | | | | | |
| | | are your I scrip pui | | | | | | | | cipar | nts o | f th | e g | amb | ling | act | ivity | \$ | <u> </u> | _ _ | | _ | _ | |
| | | act the co | | chased | prize | s. RE | EMII | NDEI | R, pu | rcha | sed p | oriz | es I | may | not | be | more | e - | <u></u> | _ | , _ | _ | _ | |
| | c. Subt | act the co | ost of equ | ipment | renta | l. | | | | | | | | | | | | - | <u></u> | <u> </u> | | ļ | | ! |
| | numb | final numb er or you our organi | | perating | g the | ever | | | | | | | | | | | | e \$ | 1 | ! | 1.1 | ļ. | ļ. | ı |

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| 8. | LIN | MITED FUND-RAISING EVENT PARTICIPATION | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | a. | Initial cost to participate (Example: Each player must pay \$50 and will receive a booklet of scrip) \$ | | | | | | | | | | | | | | |
| | b. Method for purchasing additional scrip (Example: If a player wants to purchase additional scrip, the cost is \$25 per smaller booklet of scrip. They may purchase unlimited additional scrip for \$25. The scrip booklets have the dollar amount printed on them.) (Attach additional sheets if needed.) | | | | | | | | | | | | | | | |
| | C. | Costs included in the initial price to enter that are not related to the gambling activity (meals, drinks, etc.) (Example: The players will pay \$100 to attend a dinner. The fund-raising event will occur after the dinner. The money will be collected separate upon entering the table game area.) \$ | | | | | | | | | | | | | | |
| | d. Scheme that will be followed to distribute the merchandise prizes to participate at the end of the event (i.e. raffle, auction, etc.) (Example: At the conclusion of the event the players may exchange their chips for tickets. The players may place their tickets into bins located near the merchandise prizes. When all players have distributed their tickets into the bins, we will have a raffle to determine who will win each prize.) (Attach additional sheets if needed.) | | | | | | | | | | | | | | | |
| 9. | DISTRIBUTION OF NET RECEIPTS IN EXCESS OF \$10,000 | | | | | | | | | | | | | | | |
| | | Per WAC 230-09-010, you are required to distribute the excess to other charitable / nonprofit organizations that are either licensed by the Commission or meet the criteria set forth in RCW 9.46.0209. | | | | | | | | | | | | | | |
| | Со | py this <i>blank</i> page for additional organizations, if needed. | | | | | | | | | | | | | | |
| | a. | Organization Name: | | | | | | | | | | | | | | |
| | | Is this organization currently licensed or has been previously licensed with the Gambling Commission? | | | | | | | | | | | | | | |
| | | ☐ YesEnter license number, if known, and go to 9.b: | | | | | | | | | | | | | | |
| | | Mailing Address: | | | | | | | | | | | | | | |
| | | City: | | | | | | | | | | | | | | |
| | b. | Contact Person: | | | | | | | | | | | | | | |
| | | Last Name: | | | | | | | | | | | | | | |
| | | First Name: | | | | | | | | | | | | | | |
| | | E-mail Address: | | | | | | | | | | | | | | |
| | | @ | | | | | | | | | | | | | | |
| | | Telephones: Home: | | | | | | | | | | | | | | |
| | | Cell: <u> - - </u> | | | | | | | | | | | | | | |
| | c. | Has the organization been operating for more than 1 year? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| | d. | Mark ⊠ all the purposes for which the organization is formed and operated. Circle the primary purpose: ☐ Agricultural ☐ Benevolent ☐ Civic ☐ Eleemosynary ☐ Patriotic ☐ Religious ☐ Social ☐ Athletic ☐ Charitable ☐ Educational ☐ Fraternal ☐ Political ☐ Scientific | | | | | | | | | | | | | | |
| | | Others: | | | | | | | | | | | | | | |
| | e. | Briefly describe how, over the past fiscal year, the organization has met the purpose(s) checked and circled in 9.d. (Attached separate sheet.) | | | | | | | | | | | | | | |

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YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted.

OATH OF HIGHEST-RANKING INDIVIDUAL OR DESIGNEE

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.

I understand that I am responsible to know and comply with all rules and laws, RCW 9.46 and WAC 230, which can be found on the Internet websites of the Washington State Gambling Commission (https://www.wsgc.wa.gov/regulation-enforcement) or the Washington State Legislature (http://leg.wa.gov/). In the event I am the Designee, I also acknowledge that the Highest-Ranking Individual is also responsible to know and comply with all previously referenced rules and laws.

Full Land Name 9 Cimpature of Highest Depline Individual or Decimpat

| ruii Legai Nam | e & | Sign | alure | e oi r | ngn | ยรเ-ห | Kank | ing ii | naivi | luua | IOLL | Jesi | gnee | • | | | | | | | | | | |
|--------------------------|--|--------------|--------|--------|--------|-------|------|--------|--------|------|--------|------|--------------|--------|----|----------|--------------|------------------|-------------|-------------|----------|----------|----------|----------|
| Last Name: | | _ _ | _ _ | ! | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ | _ | _ _ | _ | _i | <u> </u> | .i | <u> </u> | .i | -l | _ | _ | <u> </u> |
| First Name: | | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ | _ _ | _ | _i | ! -l | <u> </u> | <u> </u> | <u> </u> | -l | _ | _ | <u> </u> |
| Middle Name: | <u> </u> | _ _ | _ _ | _ | _ _ | _ _ | _ _ | _ _ | _ | _ _ | _ _ | _ _ | | _ _ | _ | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | -l | _l _l | <u> </u> | <u> </u> |
| Signature: | gnature: President, Equivalent, or Designee | | | | | | | | | | | | | | | <u></u> | <u> </u> | / <u> </u> Mi | _ M / DI | / D / Y\ | YY | <u> </u> | _ | <u> </u> |
| Application Prepared By: | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | _ _ | _ _ | _ _ | _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ | _ _ | _ | _ _ | _ | <u> </u> | <u> </u> | <u> </u> | ! -l | <u> </u> | _ | _ | _ | <u> </u> |
| First Name: | | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ _ | _ | _ _ | | _ _ | _ | _i | <u> </u> | . | <u> </u> | .i | _ | _ | <u> </u> | <u> </u> |
| Middle Name: | | _ _ | I I | l | _ | l | _ | _ _ | _ | _ _ | l | _ _ | ! | _ | _ | _i | - | ! .l | - | .i | .l | _ _ | _ | l .l |
| Primary Phone: | _! _! | _ - _ | !_ | _ | - | l | | ! | | | | | Cell Phon | ne: _ | !_ | !_ | - _ | ! !- | ! !. | <u> </u> - | - | <u> </u> | <u> </u> | l .l |
| E-Mail Address | : | _ _ | _ _ | | _ _ | _ | _ _ | _ _ | _ | _ _ | ! ! | _ _ | I I | _ | _ | -i | ! -l | <u> </u> | ! -l | <u> </u> | <u>-</u> | _ | <u> </u> | I -I |
| | æ | ا ر <i>و</i> | į | ! | į | į | į | į | į | į | į | į | į. | į | į. | ļ | ļ | į. | ļ | į. | į | į | į | ! |

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