

<input type="checkbox"/> DOMESTIC	<input checked="" type="checkbox"/> INTERNATIONAL	<input type="checkbox"/> MT 100	<input type="checkbox"/> MT 202	TEST
TO: _____		ORIG. _____	REPT.# _____	TNCID _____
ENTRY OP. INT.	VER OP. INT.	ANSWERBACK: _____		NEFAX TIME-INITIAL
		PRI: <u>1</u>	DEL ACK: _____	PDE: _____
				RE-NEFAX-ATTN:

20 SENDERS REF.: **085557 - 0061**
 21 RELATED REF.: _____
 30 VALUE DATE: ~~10-23-91~~ **10-28-91**
 32 AMOUNT USD **12,000.00**
 50 REMITTER'S NAME: **ALLAN JOHNSON**
 ADDRESS: **1861 WILDING**
SAN LUIS OBISPO, CA. 93401

59: ADVISE: _____
 53D DEBIT ACCT. #: **00613-05385**
 ACCT NAME: **ALLAN JOHNSON**
 70: BENEF INFO: _____

57: TYPE ID: _____
 57D BANK ROUTING #: _____
 BANK NAME: **HANDELSBANKEN**
 ADDRESS: **UPPSALA CITY BRANCH**
BOX 1003, S-751 40 UPPSALA CITY, SWEDEN
 58/59 BENEF ACCT NO.: **342542989**
 BENEFICIARY: **ALLAN & EVELYN JOHNSON DONATIONSFOND**
 ADDRESS: _____

71A CHARGES TO: _____
 72 RECEIVING BK INFO: _____
 52D ORIGINATORS BK: _____
 54D PAY: _____
 56D INTERMEDIARY BANK NAME _____

(BANK USE ONLY)

SETTLEMENT
 USD AMOUNT \$ **12,000.00**
 WIRE CHGS. \$ **32.00**
 COMMISSION \$ _____
 TOTAL RECD FROM CUST. \$ **12,032.00**

RECEIVED:
 CASH CHECK
 OTHER **00613-05385**

CHARGES AND COMMISSIONS
 COLLECTED
 ANALYZED/ACCT # _____
 WAIVED BY _____

ISSUED FOR
 CURRENCY USD AMT **12,000000**
 IF FOREIGN AMT _____
 RATE (Selling) _____ RATE SOURCE _____
 DATE _____ CONVERSION BY _____
 VERIFIED BY _____

RISK CONTROL

Memo Posted By: _____ REG OD
 Unit: **0061** Date: **10-25-91** Time: **3:10**
 Approving Officer: _____ Reviewed by: _____
(OD Trancodes only)

Phone Verification

Individual Called: _____
 Phone Number: _____
 Date: _____ Time: _____
 Verified by: _____

SAN LUIS OBISPO
 BRANCH NAME
 PREPARED BY *[Signature]*

CORPORATE CALLS

Time: _____ Caller Name: _____
 Taken On Phone #: _____ Taken By: _____

0061 **3:10** **10-25-91**
 BR # TIME DATE
 AUTHORIZED SIGNATURE *[Signature]* CO-AUTHORIZED SIGNATURE _____