

Children's Trust Fund	<u> </u>		
County Name	Marriage Lice	nse Issued X \$15 = Check Number	
County Address			
	Certified Copi	es Issued _ X \$7 = Check Number	
Report Period		Glicok Hallison	
o			
Under penalties of perjury, I declare that Signature of Recorder	the above information and any attached supp	Date (MM/DD/YYYY)	
Under penalties of perjury, I declare that Signature of Recorder		//	
Mail to: Taxation Division P.O. Box 453 Jefferson City, MO 65105-0453	Phone: (573) 751-5900 Fax: (573) 522-1720 E-mail: countyfees@dor.mo.gov	Visit http://dor.mo.gov/business/citycounty/ for additional information.	ed 10-2015
Missouri Department Children's Trust Fund			
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Sign		//	
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Form 4600 Missouri Department Children's Trust Fund County Name		nse Issued	
County Address		X \$15 = Check Number	
	Certified Copi		
Report Period		X \$7 = Check Number	
Under penalties of periury. I declare that	the above information and any attached supp	plement is true, complete, and correct.	
Under penalties of perjury, I declare that Signature of Recorder		Date (MM/DD/YYYY)	
Mail to: Taxation Division	Phone: (573) 751-5900	Form 4600 (Revis	sed 10-2015
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