

HOUSE NUMBER CERTIFICATE

	SUBDIVISION	LOT NUMBER	HOUSE NUMBER	STREET
1	MEDICAL CENTER	22	4100	JOHN R
2	URBAN RENEWAL PLAN			
3				
4				
5				
6				
7				
8				
9				
10				

CASH #4.00
 #82.10
 *1000
 07/12/94 0833809:14 AM
 HOUSE NUMBERS
 OPS01211
 CASH

NAME OF APPLICANT <i>HARPER HOSPITAL</i>		ADDRESS <i>3990 John R. Det, 48201</i>
TELEPHONE	TOTAL NUMBER OF ITEMS FURNISHED <i>(1) X \$200 = \$400</i>	TOTAL AMOUNT DUE (\$2.00 MINIMUM) <i>\$4.00</i>
DATE <i>7-12-94</i>	PREPARED BY <i>VICTOR MARSHALL, D.T. II</i>	