## GIFT INVENTORY STATEMENT

RE 631	A (Rev. 2/16)				Subdivisions	
		SUBDIVISION				
PUBLIC RE	EPORT FILE NUMBER		ADVERTISING PLAN N	NUMBER		
ADVERTIS	ING PLAN DESCRIPTION					
		OLET INVENTOR	)/ OTATEME	A17		
		GIFT INVENTOR	RYSIAIEMEI	NI		
I, _					declare:	
I a	ision known as					
, identi	fied as Department of Real Estate F	File Number		. The D	epartment of Real Estate	
public	report or permit will expire on		·			
of paid gift(s) possess	nderstand that approval of the adversary invoices to the Department of Real or premium(s)  bonus gift(s)  sion means the gifts or premiums has	Estate evidencing  or premium(s)  ve been paid for ar	my possession of to be offered as and shipped to th	of a reasonable invent s part of the advertising e subdivision or off-s	tory of the  commorng plan. I understand that ite sales office or both.	
In	consideration of the approval by DF	RE of the advertising	ig plan identifie	d above, I hereby dec	lare:	
1.	1. That the reasonable inventory of gifts or premiums will be used to satisfy the demand for such gifts or premium resulting from the initial mailing or other initial distribution of the above described advertising plan.					
2.	2. a) That prior to every subsequent mailing or other distribution of the advertising plan, I will have in my possessic a reasonable inventory of gifts or premiums to satisfy the demand resulting from such mailing or other mean of distribution, and					
	b) That I shall send a copy of the pa Section, P.O. Box 137005, Sac			s to the Department of	Real Estate, Subdivisions	
3.	3. If a change of the gift or premium used in the advertising plan occurs, I shall immediately notify the Department Real Estate and submit a new advertising plan (reflecting such changes) for approval prior to use.					
	Separate arrangements have been made with the Department of Real Estate to assure that all gifts or premiums other than the common and, if applicable, bonus gift(s) or premium(s) will be made available to those eligible to receive them.					
		CERTIFI	CATION			
are	Ve hereby certify under penalty of per e full, true, complete and correct; ar ner(s) at the time lots, parcels or tin	nd that I/we am/are	the owner(s) o	of the subdivision des	cribed, or will be the	
Note:	Verification made outside the State answers submitted. Errors or omis					
NAME OF (	OWNER (IF A CORPORATION, PARTNERSHIP, ETC., SO	STATE.)				
SIGNATUR	E			DATE		
Z <u>A</u>				5/112		
CAPACITY	OF SIGNER			l		
SIGNED AT	T: STREET ADDRESS, CITY, COUNTY, STATE					