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| <u>Check One:</u> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Joint | <u>Check One:</u> <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change | ITEM # _____ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") |
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FILER

Douglas S. Chin 

4/21/2015

Print Name of Filer (First M.I. Last)

Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.