

Receipt

U.S. Department of Housing and Urban Development
Office of Housing
Office of Interstate Land Sales Registration

Receipt Number:	Date of Receipt:	1. <input type="checkbox"/> Regular Filing: <input type="checkbox"/> Initial; <input type="checkbox"/> Consolidation
Schedule Number: (for internal use only)	OLSR Number: -ILS	2. <input type="checkbox"/> State Filing: <input type="checkbox"/> Initial; <input type="checkbox"/> Consolidation
Receipt is acknowledged of remittance from:		3. <input type="checkbox"/> Exemption Advisory Opinion pursuant to Sec. 1710.15(b)
		Amount of Fee: Basic \$
		Additional \$
		Total \$
		<input type="checkbox"/> Cashier's Check <input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order
Employer Identification Number:	Office of Interstate Land Sales Registration	
	By:	