American Security Bureau

State of Illinois

Certificate of Authority

No. 23-610

THUMB PRINT

James L. Travise

AGENT SIGNATURE

AMERICAN INVESTIGATION SECURITY BUREAU

TRAINING FACILITY

This card certifies that

JAMES L TRAVISO

has completed the
Mandatory Basic Training Course

Pursuant to the IL revised statutes Chapter 38-21-2(4)

Star # 113 Director Dan Hadrick

HEIGHT 5-08

WEIGHT 200

HAIR COLOR BROWN

EYE COLOR HZL

DATE OF BIRTH 3-15-41

SOCIAL SECURITY NUMBER 338-58-5823

ADDRESS 120 lakeview Bloomdale. IL(60108

Signature of Trainee James L Travis

PROPERTY OF THE UNITED STATES GOVERNMENT

ARMED FORCES OF THE UNITED STATES

GENEVA CONVENTIONS IDENTIFICATION CARD

NOT A PASS

This card is issued in accordance with the provisions of the Geneva Convention of August 12, 1949. *(Not to be used for other identification.)*

DD FORM 528, 1 NOV 64

RETURN POSTAGE GUARANTEED

LAST NAME - FIRST NAME - MIDDLE NAME	
Travis, James L.	
GRADE	BRANCH OF SERVICE
BM3	U.S. Navy
SERVICE NUMBER	DATE OF BIRTH
581-33-48	3/15/41

IF FOUND, DROP IN NEAREST U.S. MAIL BOX

S/N 0101-801-6001

GPO : 1966 O—205-870

CERTIFICATE OF SERVICE
ARMED FORCES OF THE UNITED STATES

THIS IS TO CERTIFY THAT

James L. Traviso

honorably served on active duty in the

United States Navy

PERIOD OF ACTIVE DUTY DD-217N

FROM

15 May 1958

TO

14 May 1962

SIGNATURE OF INDIVIDUAL

James L Traviso

SIGNATURE OF CERTIFYING OFFICER (Typed name and grade)

G. W. Kocontes CDR, USN

GPO 16—59082-2

If found, drop in mail box. Postmaster: Postage guaranteed.
Return to: Chief of Naval Personnel, Washington 25, D. C.

JIM EDGAR SECRETARY OF STATE

ID CARD

NUMBER	EXPIRES
6124-5241-077T	03-15-96

JAMES L TRAVINO
120 LAKEVIEW
BLOOMINGDALE ILL 60108

SS# 338-58-5823

SEX	M	BIRTH	03-15-41
HT	5 08	TYPE	ORG ID
WT	200	CLASS	*** EDR ***
EYES	HZL	REST	NONE
754NP2575		ISSUED	12-04-90

DRS LIC NO
T612-4524-1077

THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM
ANATOMICAL GIFT ACT OR SIMILAR LAWS
I hereby make anatomical gift, effective upon my death:
☐ Any organ ☐ Entire body
Specific organs

Blood Type
Rh Factor

Emergency
Medical
Information
Seal Area

FOR PERSONAL IDENTIFICATION PURPOSES ONLY–
NOT A DRIVERS LICENSE OR PERMIT

A violation of the Illinois Identification Card Act
(Ill. Rev. Stat. 1987, ch. 124, par. 21 et seq.) may
be punishable by law.

ILLINOIS

GEORGE H. RYAN SECRETARY OF STATE

DRIVERS LICENSE

NUMBER T612-4524-1077

EXPIRES 03-15-97

JAMES L TRAVISO
120 LAKEVIEW
BLOOMINGDALE ILL 60108

SS# 338-58-5823

SEX M

BIRTH 03-15-41

HT 5 08

TYPE ORG DL

WT 200

CLASS *D* EDR ***

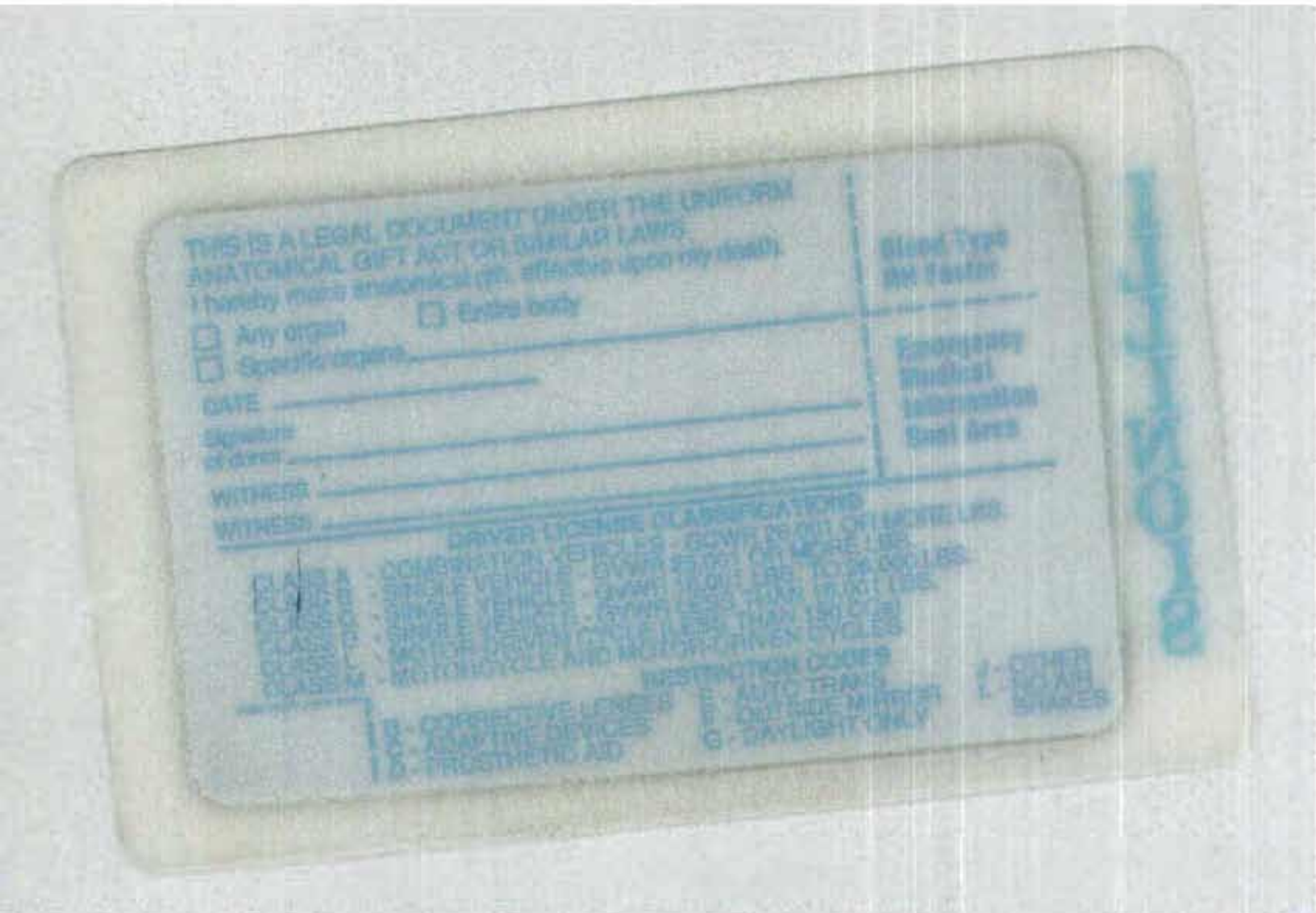
EYES HZL

REST B*******

251LD5788

ISSUED 12-08-92

095


THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM ANATOMICAL GIFT ACT OR SIMILAR LAWS.
I hereby make anatomical gift, effective upon my death.
Any organ
Specific organs
Entire body
DATE
Signature of donor
WITNESS
WITNESS
Blood Type
RH Factor
Emergency Medical Information
Donor Area
DRIVER LICENSE CLASSIFICATIONS
CLASS A
CLASS B
CLASS C
CLASS D
CLASS E
CLASS L
CLASS M
RESTRICTION CODES
B - CORRECTIVE LENSES
D - HEARING DEVICES
E - PROSTHETIC AID
F - AUTO TRANS.
G - DAYLIGHT ONLY
1 - OTHER RESTRICTIONS

SOCIAL SECURITY

338-58-5823

THIS NUMBER HAS BEEN ESTABLISHED FOR

JAMES L TRAVISO

James L Traviso

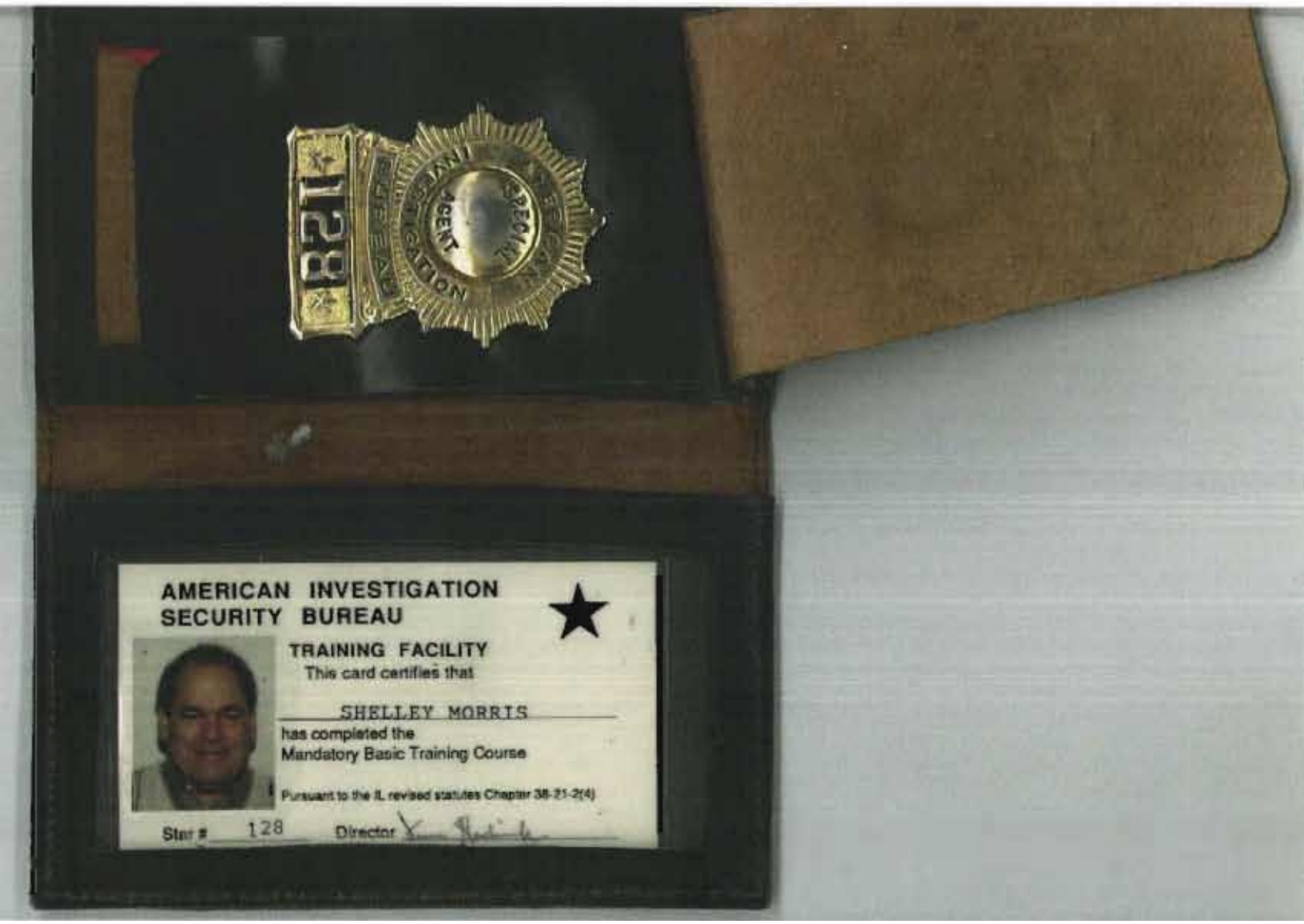
SIGNATURE

Contact any social security office immediately if you:

- lose your card—to get a duplicate card.
- change your name—to get a card in your new name.
- are unable to work because of a severe disability expected to last a year or more.
- are 62 or older—to ask about retirement checks.
- are within 2 or 3 months of age 65, even if you don't plan to retire—to sign up for Medicare.

U.S. Department of Health, Education, and Welfare
Social Security Administration

Form OA-702 Rev. (1-72)


AMERICAN INVESTIGATION
SECURITY BUREAU
TRAINING FACILITY
This card certifies that
SHELLEY MORRIS
has completed the
Mandatory Basic Training Course
Pursuant to the IL revised statutes Chapter 38-21-2(4)
Star # 128
Director

PROPERTY OF THE UNITED STATES GOVERNMENT

ARMED FORCES OF THE UNITED STATES

GENEVA CONVENTIONS IDENTIFICATION CARD

NOT A PASS

This card is issued in accordance with the provisions of the Geneva Convention of August 12, 1949. *(Not to be used for other identification.)*

DD FORM 528, 1 NOV 64

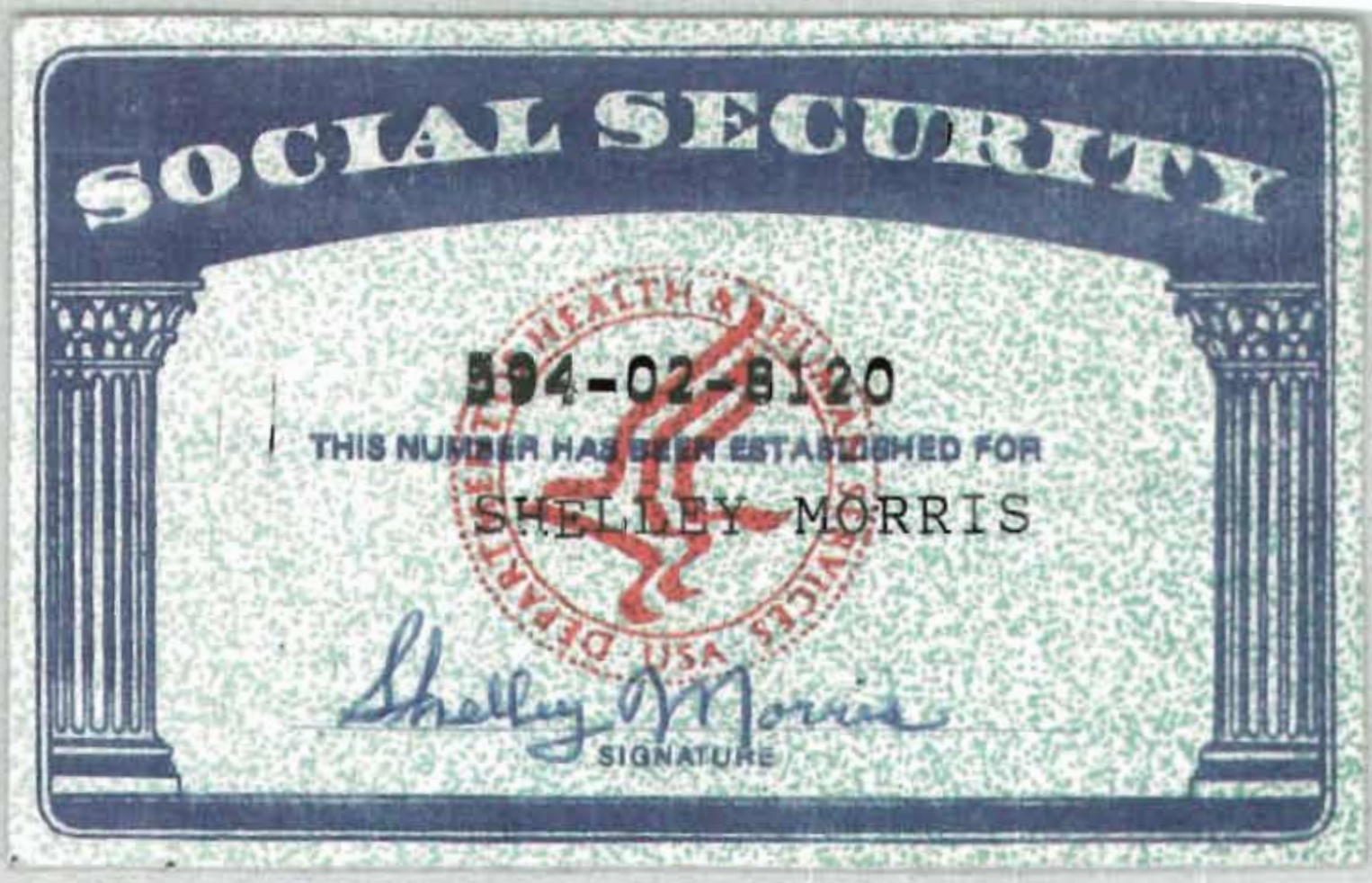
RETURN POSTAGE GUARANTEED

LAST NAME - FIRST NAME - MIDDLE NAME	
MORRIS SHELLEY	
GRADE	BRANCH OF SERVICE
SARGENT	U.S. ARMY
SERVICE NUMBER	DATE OF BIRTH
R.A. 11-25715	2/17/44

IF FOUND, DROP IN NEAREST U.S. MAIL BOX

S/N 0101-801-6001

GPO : 1966 O—206-870


SOCIAL SECURITY
594-02-8120
THIS NUMBER HAS BEEN ESTABLISHED FOR
SHELLEY MORRIS
Shelley Morris
SIGNATURE

This card is invalid if laminated.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration an must be returned upon request. If found, return to:

SSA—PO Box 17087
Baltimore, MD 21203
ATTN: FOUND SSN CARD (Return postage guaranteed)

Department of Health and Human Services
Social Security Administration
Form OA-702 (10-83)

B 751902

ILLINOIS

JIM EDGAR SECRETARY OF STATE

DRIVERS LICENSE

NUMBER A352-0604-1079

EXPIRES 03-17-94

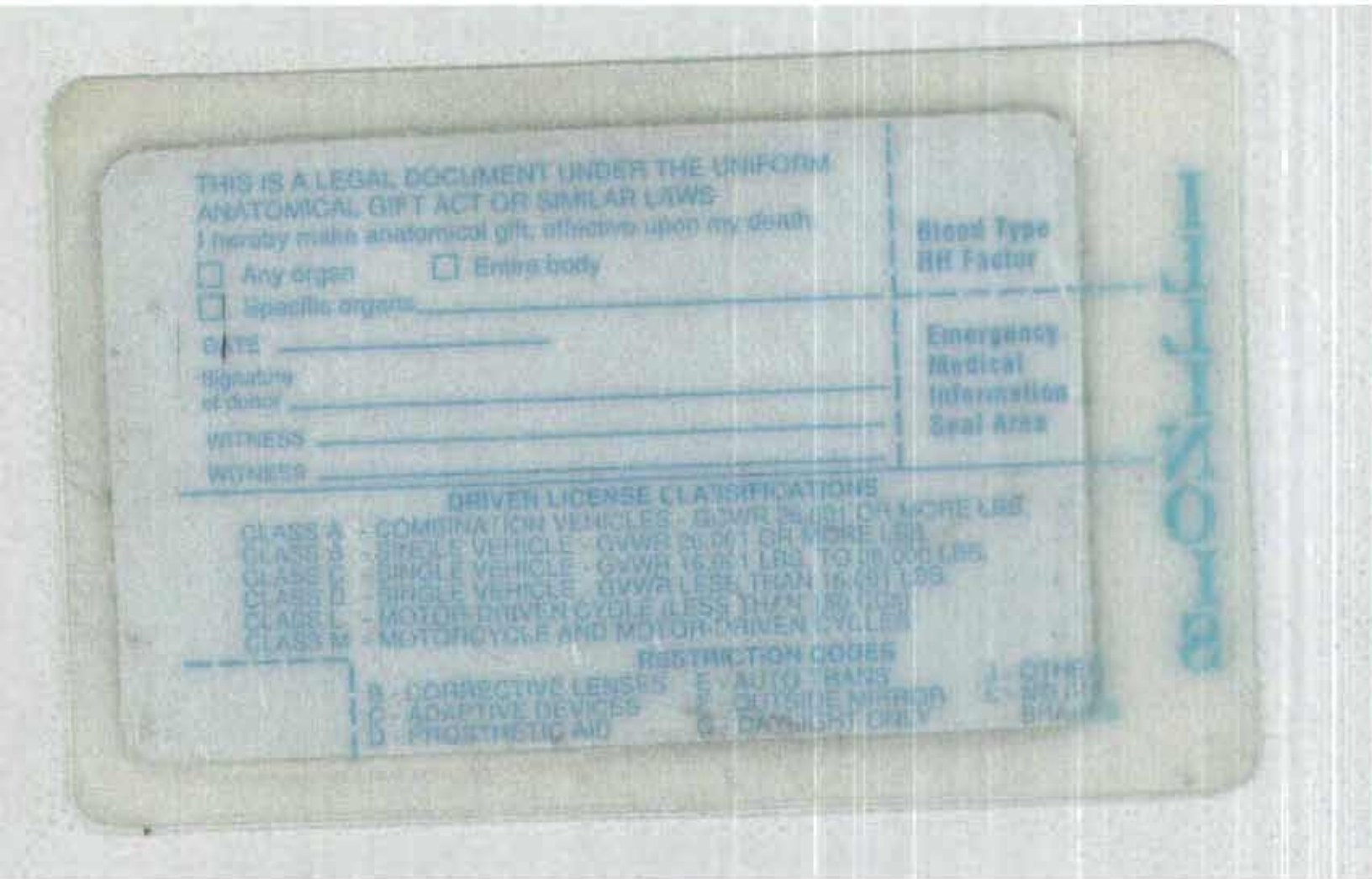
BRUNO ADAMS
7744 W DEVON AVE
CHICAGO ILL 60631

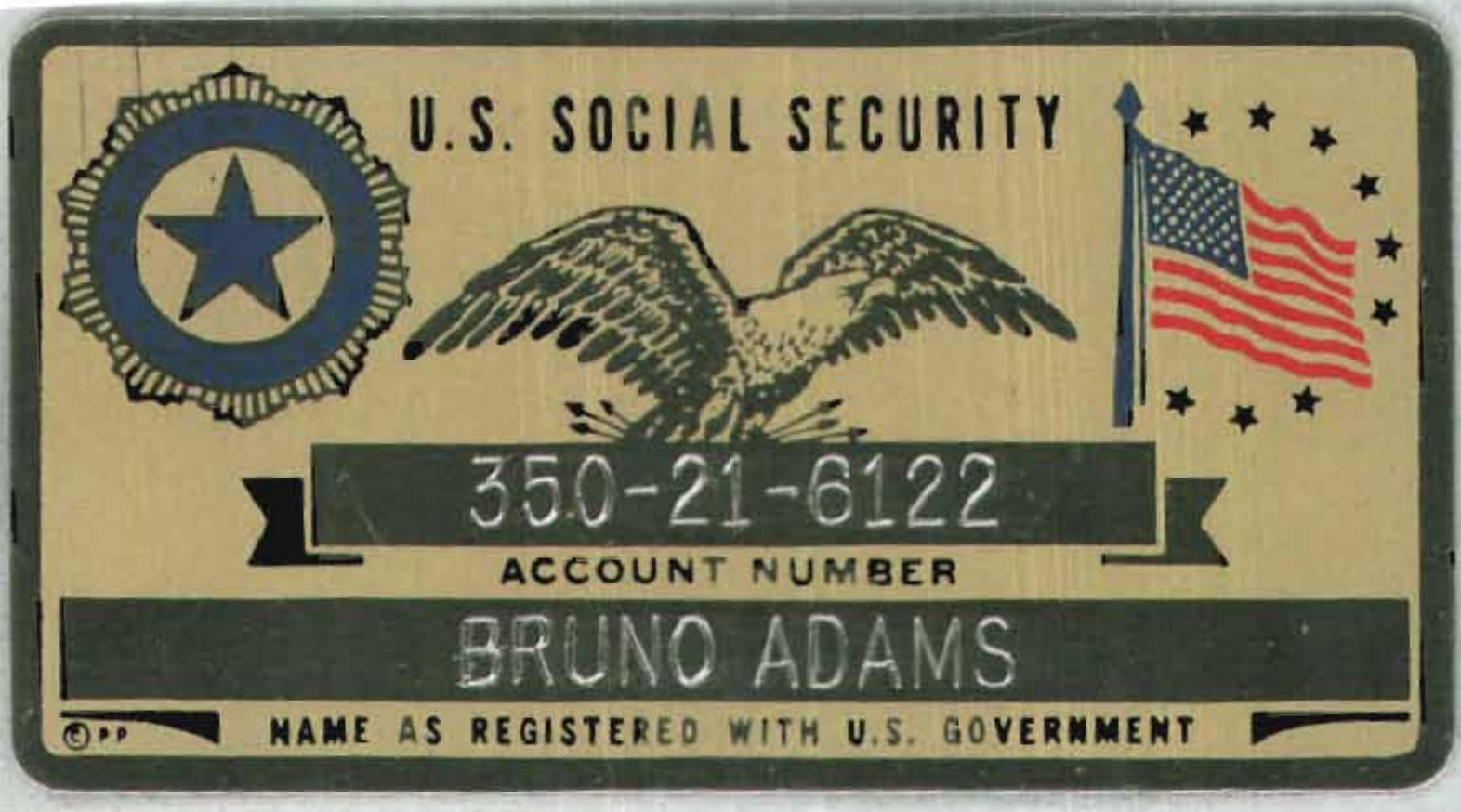
SS# 350-41-6122

SEX	M	BIRTH	03-17-41
HT	5 09	TYPE	ORG DL
WT	195	CLASS	*D* EDR ***
EYES	GRN	REST	B*******
310HS2177		ISSUED	07-09-90

16 5

Bruno Adams


THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM ANATOMICAL GIFT ACT OR SIMILAR LAWS
I hereby make anatomical gift, effective upon my death
Any organ
Entire body
Specific organs
DATE
Signature of donor
WITNESS
WITNESS
Blood Type
Rh Factor
Emergency Medical Information Seal Area
DRIVER LICENSE CLASSIFICATIONS
CLASS A - COMBINATION VEHICLES - GCWR 26,001 OR MORE LBS
CLASS B - SINGLE VEHICLE - GVWR 26,001 OR MORE LBS
CLASS C - SINGLE VEHICLE - GVWR 16,001 LBS. TO 26,000 LBS.
CLASS D - SINGLE VEHICLE - GVWR LESS THAN 16,001 LBS
CLASS L - MOTOR DRIVEN CYCLE (LESS THAN 150 CC)
CLASS M - MOTORCYCLE AND MOTOR DRIVEN CYCLES
RESTRICTION CODES
B - CORRECTIVE LENSES
C - ADAPTIVE DEVICES
D - PROSTHETIC AID
E - AUTO - BANS
F - OUTSIDE MIRROR
G - DAYLIGHT ONLY
J - OTHER


U.S. SOCIAL SECURITY
350-21-6122
ACCOUNT NUMBER
BRUNO ADAMS
©PP
NAME AS REGISTERED WITH U.S. GOVERNMENT

FIRST OF
AMERICA Bank
4831
4831 0058 5820
VALID FROM 05/92
GOOD THRU 05/94
BRUNO ADAMS
VISA

CALL 1-800-4CIRRUS 24 HOURS A DAY FOR THE NEAREST CIRRUS ATM LOCATION

AUTHORIZED SIGNATURE Bruno Adams

This Card remains the property of the Issuer and is valid only if signed by the authorized holder and is subject to return upon request and to the terms of the customer agreement. To inquire about your account, call Customer Service toll-free at 1-800-423-3883.

RETURN POSTAGE GUARANTEED:
P.O. BOX 2349
KALAMAZOO, MI 49003

91478 CARDTECH inc

FIRST OF AMERICA. MAGIC LINE CIRRUS.