

**Document Receipt**

**U.S. Department of Labor**  
Employee Benefits Security Administration



---

Date \_\_\_\_\_  
Documents Submitted in Re: \_\_\_\_\_  
Place of Submission: \_\_\_\_\_  
Submitted by: \_\_\_\_\_

I acknowledge receipt of the following documents:

\_\_\_\_\_  
No. Continuation  
Sheets Attached

Received by: \_\_\_\_\_ Accompanied by: \_\_\_\_\_  
(signature) (signature)  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_