

| Full Name | aniel | Joseph | Enxing | Work Addres | s 140 Porte | smooth Ave | Exeler NH 0383 |
|--|---|--|---|---|--|--|---|
| Primary Occupation | Auto | Dealer | e-mai | dang volvoa | arsexeter.com | | 603-772-5975 |
| Name the office, posit directors, etc. or en government held by y | nployment | | | otor Vehicle A | rbitration B | sard | |
| proprietor, or employ | ee, or serve | ed in any oth | er professional or advis | s, or other organization in sory capacity, and from w nt and/or disability benefits | hich any income in exc | ess of \$10,000 was (| er, director, associate, partner, derived during the preceding ecessary.) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| lf you have no qualifyi | ng income i | ndicate by wri | iting your initials next to | o the following statement. | My income | does not qualify | MS |
| reportable special inte | rest in an it | em on this list | if a change in law, a cha | it in any of the following buing in administrative rule, | a decision whether or no | ot to award a contrac | t grant a license or permit |
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE