

**THE DELAWARE STATE FAIR, INC.
STOCK TRANSFER DOCUMENT**

Present Owner Name

Certificate No.

Number of Shares

TRANSFER TO:

Name

No. Shares

Name

No. Shares

Social Security Number (Last 4 digits)

Social Security Number (Last 4 digits)

Street Address

Street Address

City

State

Zip

City

State

Zip

Phone No./Email Address (both required)

Phone No./Email Address (both required)

Name

No. Shares

Name

No. Shares

Social Security Number (Last 4 digits)

Social Security Number (Last 4 digits)

Street Address

Street Address

City

State

Zip

City

State

Zip

Phone No./Email Address (both required)

Phone No./Email Address (both required)

TRANSFER FEE - \$10.00 for Each New Certificate Printed

Amount Paid \$ _____ Check No. _____ Cash _____ Credit Card _____

Received By _____ Date Paid _____

_____ Return New Certificates by Mail To:

Name

Street Address

City

State

Zip

_____ Telephone for Pickup of New Certificate(s)

_____ Phone No. _____