

## CANCELLATION ENDORSEMENT AND RECEIPT—PARTIAL

TO BE SIGNED BY INSURED, PAYEE (IF ANY), AND AGENT

Endorsement dated December 30, 1935 Agency at Atlanta, GeorgiaAttached to Policy No. 1-60626 of the Federal Hdwe. & Implement Mutuals  
Name of CompanyIssued to R. H. Walker, Athens, Alabama

Map Sheet.....Block.....No.....Special Rate Page.....Line.....O. P.....

| COMMENCEMENT OF POLICY | EXPIRATION OF POLICY | DATE OF CANCELLATION | RATE | AMT. CANCELLED | RETURN PREMIUM |
|------------------------|----------------------|----------------------|------|----------------|----------------|
| 12-30-35               | 12-30-36             | 12-30-35             | 2.81 | 3000.          | 84.30          |

At the request of insured, \$ 3000.00 of the amount insured under this policy covering Building is hereby cancelled from date hereof, leaving in force under this policy the sum of \$ 9000.00 ONLY. In consideration of this cancellation the amount of \$ 84.30 return premium is hereby allowed the insured.

| Item | Amt. Cancelled    | Leaving in force  | Item | Amt. Cancelled | Leaving in force |
|------|-------------------|-------------------|------|----------------|------------------|
| 1    | \$ <u>3000.00</u> | \$ <u>9000.00</u> | 4    | \$ .....       | \$ .....         |
| 2    | \$ .....          | \$ .....          | 5    | \$ .....       | \$ .....         |
| 3    | \$ .....          | \$ .....          | 6    | \$ .....       | \$ .....         |

1-17-36-24

INSURANCE MAP

Sheet .....

Block .....

No. ....

Insured.

Payee.

Agent.