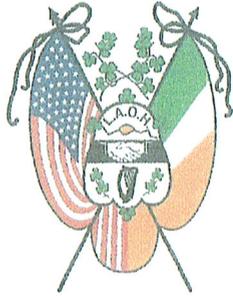


NOTICE OF TRANSFER

Ladies Ancient Order of Hibernians, Inc



TRANSFER CARD

Sister _____
Division No. _____
County of _____ State of _____
has this day made application to transfer to Division No. _____
County of _____ State of _____
and has paid all dues and assessments due this Division.

Division President

Date _____
Financial Secretary

Permission is hereby granted to

Sister _____
County of _____ State of _____
to transfer to
Division _____
County of _____ State of _____

County President

Date _____
County Secretary

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