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STATE OF CONNECTICUT - AGENCY VENDOR FORM IMPORTANT: ALL Parts Of This Form Must Be Completed, Signed And

Returned By The Vendor. READ & C C OMPLETE AREFULLY SP-26NB-IPDF Rev. 4/10 COMPLETE VENDOR LEGAL BUSINESS NAME Taxpayer ID # (TIN): SSN FEIN WRITE/TYPE SSN/FEIN NUMBER ABOVE BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF ... 1th, 2024

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, , , . N 12 1 2 13 1 3 1 1 F X X X A X A X X A X X A X X N N 2 1 2 L ( , , , ) 11 1 = + 2 + 2 L + + 2 23 2 3 2 2 A X A X X A X X A X X N N 2 12 L ( , , , ) 11 1 = + 2 + 2 L + + 2 23 2 3 2 2 A X A X X A X X N N 2 33 3 L + + + 2 + L 2 + A X Nn N Called N-degree Quadratic Form, Simply, Quadratic Form. 2th, 2024

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### **FORMS APPENDIX Forms Appendix**

WB-44 Counter-Offer WB-46 Multiple Counter-Proposal WB-42 Amendment To Listing Contract WB-40 Amendment To Offer To Purchase WB-41 Notice Relating To Offer To Purchase WB-45 Cancellation Agreement & Mutual Release WB-24 Option To Purchase WB-25 B 1th, 2024

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