

Form 611

TEXAS EMPLOYMENT COMMISSION - AUSTIN

BENEFIT CLAIM DETERMINATION

The wages listed below (if any) were reported for you by covered employers as wages received by you during your "Base Period" from 1-01-62 to 12-31-62. They are not sufficient to qualify you for unemployment insurance, if by the next calendar quarter, you have received sufficient wages to qualify, you may file a new claim, if you are then unemployed.

SEE REVERSE SIDE FOR APPEAL RIGHTS AND EXPLANATION OF THIS DETERMINATION.

CLAIMANT'S NAME AND ADDRESS	Social Security Account Number	CLAIM DATE	CONTROL DATE	Special Officer	DATE MAILED
L H OSWALD 217 WEST HEELEY- DALLAS 8 TEXAS	3 433-54-3937	04-12-63	04-15-63	2/23	4-16-63
757 France St New Orleans La.	EMPLOYER NO.	EMPLOYER'S NAME	QTR. YR. PAGE	REPORTED WAGES	
	194,107	LOUV-R-PAK DIV	3-62 002	540.34	
	194,107	LOUV-R-PAK DIV	4-62 002	96.16	
3442	2				636.50

BURCHAM EXHIBIT No. 1--Continued