

7002 3150 0000 8388 7989

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™



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Total Postage & Fees	\$	

Sent To: Joseph Lentine III  
 Street, Apt. No., or PO Box No. 3545 HARVEY AVE Ste 2100  
 City, State, ZIP+4 Cin OH 45229

PS Form 3800, June 2002 See Reverse for Instructions