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**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

7009 2820 0003 5745 6210

Postage	\$	Postmark Here 1:10-CV-721 SJD Docs 52, 53
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Jason ROGERS  
Street, Apt. No., or PO Box No.: 3613 Chadwell Springs  
City, State, ZIP+4: CLEVELAND OH 44102