

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

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Sent To Daniel Barnes 499-783  
 Street, Apt. No.; or PO Box No. SOCF - PO B1A5699  
 City, State, ZIP+4 Lucasville, OH 45699

PS Form 3800, August 2016 See Reverse for Instructions