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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **MILLIE HOWARD**
Street, Apt. No.,
or PO Box No. **102 LIGHTS POINTE COURT**
City, State, ZIP+4 **NEW RICHMOND, OH 45157**

PS Form 3800, August 2006 See Reverse for Instructions