

7017 1070 0000 7883 0726

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

CERTIFIED MAIL®



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2:17cv75 Doc # 23 and 24

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City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530 02 000 9047

See Reverse for Instructions