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**CERTIFIED MAIL™ RECEIPT**  
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Certified Fee		
Return Receipt Fee (Endorsement Required)		

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Restricted Del.  
(Endorsement)

Total Postage

Street, Apt. No.  
or PO Box No.  
City, State, ZIP

**Teresa L. Rockwell**  
**RR 2 Box 155a**  
**Jane Lew, WV 26378**  
**3:08-cv-169 #17**

PS Form 3800, August 2005 See Reverse for Instructions

7008 3230 0003 3611 0313