

(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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Certified Fee

Return Receipt Fee
(Endorsement Required)

**Restricted Delivery Fee
(Endorsement Required)**

Total Postage & Fees

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Here

98-7873

Sent To

Street, Apt. No.;
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City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions