

(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

3

Certified Fee

Return Receipt Fee
(Endorsement Required)

**Restricted Delivery Fee
(Endorsement Required)**

Total Postage & Fees

\$

6/18/2014

Postmark
Here

DAB

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3500, August 2006

See Reverse for Instructions