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 - Adult Signature Required \$ _____
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Total Postage and Fees

Sent To: Barbara Pierkowski USPS 34286-24015
Street and Apt. No., PO Box No. 1813 Myhal Avenue
City, State, ZIP+4® North Fort R 34291 CE-mlp

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0001 5608 2700