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**CERTIFIED MAIL™ RECEIPT**  
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| Certified Fee  |    |                              |
| Return Receipt Fee<br>(Endorse)  |    |                              |
| Restrict<br>(Endorse) Karol Lohman, General Manager<br>23 N. River Street<br>Total St. Francis, Kansas 67756 |    |                              |
| Sent To  |    |                              |
| Street, Apt. No.,<br>or PO Box No.   |    |                              |
| City, State, ZIP+4   |    |                              |
| PS Form 3800, August 2006  |    | See Reverse for Instructions |