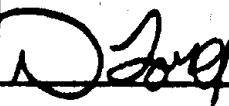


Date Produced: 07/19/2021

WEST VIRGINIA SECRETARY OF STATE:

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Signature of Recipient :

Signature	X 
Printed Name	

Address of Recipient :

Delivery Address	100 ERIE INSURANCE PL 16530
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