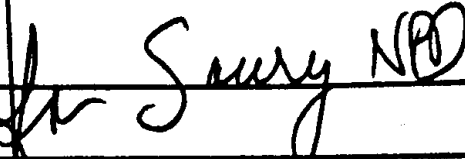


Date Produced: 12/18/2023

WEST VIRGINIA SECRETARY OF STATE:

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Signature of Recipient :

Signature	
Printed Name	Dr Saury NPO

Address of Recipient :

Delivery Address	
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Sincerely,
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