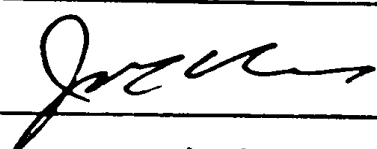


Date Produced: 01/06/2014

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Signature of Recipient :

Signature	
Printed Name	J. Heis

Address of Recipient :

Address	WVU Hospital
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