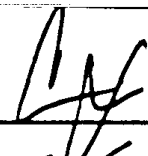


Date Produced: 06/11/2018

WEST VIRGINIA SECRETARY OF STATE:

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Signature of Recipient :

Signature	
Printed Name	F. L. WILSON

Address of Recipient :

Delivery Address	100 BLUE INSURANCE PL 1653
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