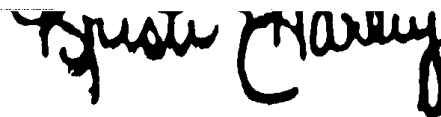


Date Produced: 11/17/2014

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Signature of Recipient :

|           |  |
|-----------|--|
| Signature |  |
| Name      | Kristi Harley  |

Address of Recipient :

|         |                           |
|---------|---------------------------|
| Address | State Farm Ins, 21701, 05 |
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