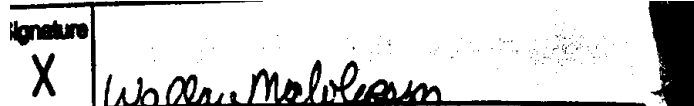


Date Produced: 02/12/2024

WEST VIRGINIA SECRETARY OF STATE:

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Signature of Recipient :

|              |  |
|--------------|--|
| Signature    |  |
| Printed Name | WALLACE MALOLEPSZY   |

Address of Recipient :

|                  |                   |
|------------------|-------------------|
| Delivery Address | WHEELING HOSPITAL |
|------------------|-------------------|

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Sincerely,  
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