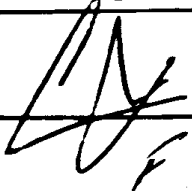


Date Produced: 07/23/2018

WEST VIRGINIA SECRETARY OF STATE:

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Signature of Recipient :

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Signature of Recipient:   
Name: E. I. [unclear]

Address of Recipient :

Address of Recipient: 100 ERIE INSURANCE PL 16530

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