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Page 1 of 1 page

Student Name:

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ID Number:

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Printed:

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Department

Course Number

Title

Credits

Category

Grade

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UNDERGRADUATE

Printed:

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Department

Course Number

Title

Credits

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-----END OF THE UNDERGRADUATE TRANSCRIPT-----

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Name: (b) (6)

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Dept.	Course No.	Title	Units Attempted	Units Earned	GRADE	GRADE POINTS
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*** ACADEMIC TRANSCRIPT ***

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*** END TRANSCRIPT ***

1963

Memoranda & Footnotes:

- CG Change of grade
- IR Incomplete removed
- IC Incomplete changed
- RC Repeated class
- S Substitution
- BP By petition
- PM Postgraduate credit toward Masters
- PC Postgraduate credit toward credential
- TC Transfer credit
- AO Audit only, no credit received

Student is in good standing unless otherwise indicated.

Transcripts Issued

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Degree or Credential Certification:

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E-mail: (b) (6)

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Required Information

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Vacancy Identification

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Summary of qualifications

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Key Professional experiences

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Additional Training and Certifications

(b) (6) [Redacted]

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Additional Skills and experiences

(b) (6) [Redacted]

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[Redacted]

[Redacted]

References

Provided on a separate reference sheet.

Folder Side: Permanent

Name: (b) (6)

SSN#: (b) (6)

PRINTED: (b) (6)

VFRS

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE
WASHINGTON, DC 20415

Certification of Investigation

CLOSED: (b) (6)

SUBMITTING OFFICE: (b) (6)

SECURITY OFFICE: (b) (6)

(b) (6)

NAME: (b) (6)

SSN: (b) (6)

DOB: (b) (6)

POSITION: (b) (6)

CASE TYPE: (b) (6)

OPM CASE #: (b) (6)

EXTRA COVERAGE: (b) (6)

POSITION CODE : /

SCHEDULED DATE: (b) (6)

INVESTIGATION CONDUCTED FROM: (b) (6)

THIS CERTIFIES THAT A BACKGROUND INVESTIGATION ON THE PERSON IDENTIFIED ABOVE HAS BEEN COMPLETED. THE RESULTS OF THIS INVESTIGATION WERE SENT TO THE SECURITY OFFICE FOR A SECURITY/SUITABILITY DETERMINATION.

AGENCY CERTIFICATION: THE RESULTS OF THIS INVESTIGATION HAVE BEEN REVIEWED, AND A FINAL DETERMINATION HAS BEEN MADE.

AGENCY CERTIFYING OFFICIAL

DATE

(b) (6)

(b) (6)

FILE THIS CERTIFICATE ON THE PERMANENT SIDE OF THE PERSON'S OFFICIAL PERSONNEL FOLDER AFTER THE FINAL AGENCY DETERMINATION IS MADE.



Life Insurance Election

Federal Employees' Group Life Insurance Program

See Privacy Act Statement on back of Part 3

Form Approved:
OMB No. 3206-0230

1 General Instructions

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (First) (Middle) (Last) (b) (6)	Date of birth (mm/dd/yyyy) (b) (6)	Social Security Number (b) (6)	
Employing department or agency (b) (6)	OWB claim number, if applicable	Location of department or agency where employed (City, state, ZIP Code) (b) (6)	Daytime telephone number (including area code) (b) (6)

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not be eligible for any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

(b) (6)

6 Agency Remarks:

Name and address of employing office (b) (6)	Date received in employing office	Effective date of coverage
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PART 1 - File in Official Personnel Folder

(b) (6)

(b) (6)



Health Benefits Election Form

Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)

1. Enrollee's name (last, first, middle initial) (b) (6)	2. Social Security number (b) (6)	3. Date of birth (b) (6)	4. Sex (b) (6)	5. Relationship to enrollee (b) (6)
6. Home mailing address (including ZIP Code) (b) (6)	7. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	8. TRICARE <input type="checkbox"/>	9. Other insurance <input type="checkbox"/>	
10. Name of insurance (b) (6)	11. Insurance policy no. (b) (6)		12. Name of family member (last, first, middle initial) (b) (6)	
13. Address (if different from enrollee) (b) (6)	14. Social Security number (b) (6)	15. Date of birth (b) (6)	16. Sex (b) (6)	17. Relationship code (b) (6)
18. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	19. TRICARE <input type="checkbox"/>	20. Other insurance <input type="checkbox"/>		21. Name of insurance (b) (6)
22. Insurance policy no. (b) (6)	23. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	24. TRICARE <input type="checkbox"/>	25. Other insurance <input type="checkbox"/>	
26. Name of insurance (b) (6)	27. Insurance policy no. (b) (6)		28. Name of insurance (b) (6)	
29. Insurance policy no. (b) (6)	30. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	31. TRICARE <input type="checkbox"/>	32. Other insurance <input type="checkbox"/>	
33. Name of insurance (b) (6)	34. Insurance policy no. (b) (6)		35. Name of insurance (b) (6)	
36. Insurance policy no. (b) (6)	37. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	38. TRICARE <input type="checkbox"/>	39. Other insurance <input type="checkbox"/>	
40. Name of insurance (b) (6)	41. Insurance policy no. (b) (6)		42. Name of insurance (b) (6)	
43. Insurance policy no. (b) (6)	44. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	45. TRICARE <input type="checkbox"/>	46. Other insurance <input type="checkbox"/>	
47. Name of insurance (b) (6)	48. Insurance policy no. (b) (6)		49. Name of insurance (b) (6)	
50. Insurance policy no. (b) (6)	51. Medicare (See note - page 2) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	52. TRICARE <input type="checkbox"/>	53. Other insurance <input type="checkbox"/>	
54. Name of insurance (b) (6)	55. Insurance policy no. (b) (6)		56. Name of insurance (b) (6)	

Part B - Present Plan

1. Plan name
(b) (6)

2. Enrollment code
(b) (6)

3. Social Security number
(b) (6)

4. Date of birth
(b) (6)

5. Sex
(b) (6)

6. Relationship to enrollee
(b) (6)

Part C - New Plan

1. Plan name

2. Enrollment code

Part E - Employees Only (Election NOT to Enroll)

I do NOT want to enroll in the FEHB Program.
My signature in Part II certifies that I have read and understand the information on page 3 regarding this election.

Part G - Suspension (Annuitants/Former Spouses Only)

I SUSPEND my enrollment.
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

Part F - Cancellation

I CANCEL my enrollment.
My signature in Part II certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Signature
(b) (6)

2. Date (mm/dd/yyyy)
(b) (6)

3. Daytime telephone number
(b) (6)

Part I - Remarks

REMARKS
(b) (6)

(b) (6)



Designation of Beneficiary

Federal Employees' Retirement System

Form Approved
OMB No. 3206-0173

Important:
Read all instructions before
filling in this form

A. Identification

Name (last, first, middle) (b) (6) (b) (6) Social Security Number (b) (6)

Place an "X" in the appropriate box: An employee Retired or an applicant for retirement Former employee eligible for retirement in the future

If you are retired give your claim number

Department or agency in which presently employed (or former department or agency):

Department or agency (b) (6)	Bureau	Division (b) (6)	Location (City, state and ZIP code) (b) (6)
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I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees' Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6) (b) (6)			

C. Witnesses (A witness is not eligible to receive payment as a beneficiary).

We, the undersigned, certify that this statement was signed in our presence.

(b) (6) (b) (6)

I have reviewed this designation and certify that the designated shares total 100% and that the names of the designated beneficiaries are correct.

(b) (6) (b) (6)

(b) (6) (b) (6)

See Back of Employee Copy For Instructions
On Where To File This Form.
(Retain until employee leaves Federal
service and then send to OPM)

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)	(b) (6)	(b) (6)	(b) (6)

2. HOW TO DESIGNATE MORE THAN ONE BENEFICIARY Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)	(b) (6)	(b) (6)	(b) (6)
(b) (6)	(b) (6)	(b) (6)	(b) (6)
(b) (6)	(b) (6)	(b) (6)	(b) (6)

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)	(b) (6)	(b) (6)	(b) (6)
Otherwise to: (b) (6)	(b) (6)	(b) (6)	(b) (6)

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
(b) (6)			

(b) (6)



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
 OMB No. 3206-0136

Important:
 Read instructions on the
 Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) (b) (6)	Date of birth of Insured (mm/dd/yyyy) (b) (6)	Social Security Number of Insured (b) (6)
The insured is: Place an "X" in the appropriate box.		If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number.
<input type="checkbox"/> an employee <input type="checkbox"/> a retiree <input type="checkbox"/> a compensator		

Department or agency where the Insured works (If retired, last department or agency where the Insured worked):

Department or agency (b) (6)	Bureau or division (b) (6)	Location (city, state, and ZIP code) WASHINGTON, DC-20040
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B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (Including ZIP code)	Relationship	Percent or fraction designated
(b) (6)	(b) (6)	(b) (6)	(b) (6)	(b) (6)
(b) (6)	(b) (6)	"	(b) (6)	(b) (6)
(b) (6)	(b) (6)	"	(b) (6)	(b) (6)
(b) (6)	(b) (6)	"	(b) (6)	(b) (6)

Total (Must equal 100% or 1.0) (Do not use dollar amounts) → **(b) (6)**
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

C. Statement of Insured or Assignee (type or print)

Name and address (including ZIP code) (b) (6)	Please check one: (b) (6)	Please check all three:
	<i>See Back of Part 2 for definitions</i>	<input type="checkbox"/> I have not assigned the insurance. <input type="checkbox"/> Two people who witnessed my signature signed below. <input type="checkbox"/> I did not name either witness as a beneficiary.

I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) (b) (6)	Date (mm/dd/yyyy) (b) (6)
--	-------------------------------------

D. Witnesses To Signature (Witnesses to signature do not receive a payment as a beneficiary)

(b) (6)

Examples of Designations

1. How to designate one beneficiary Show beneficiary's full name. Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

2. How to designate more than one beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent or 1.0. Read instructions on the Back of Part 2 if you need more room.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
Jose P. Lopez	(b) (6)	360 Williams Street Red Bank, NJ 07701	(b) (6)	
Rosa L. Rowe	222-22-2222	792 Broadway Whiting, IN 46392	Mother	one-half

3. How to designate a contingent beneficiary (Someone to receive the benefits if the person you designate dies before the Insured dies)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
John M. Parrish, if living	333-33-3333	810 West 180th Street New York, NY 10033	Father	100%
(b) (6)		West 180th Street New York, NY 10033	Sister	100%

insurance You cannot designate Option C - Family.

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
Leroy D. White	555-55-5555	124 Elm Street Dayton, OH 45420	Father	100% Basic
Jane M. Smith	666-66-6666	421 Spring Avenue Portland, ME 04101	Sister	100% Option A
Elizabeth J. Allen	777-77-7777	234 Fifth Avenue New York, NY 10029	Daughter	50% Option B
Ann J. Borden	888-88-8888	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Option B

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
(b) (6)				

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
(b) (6)				
Mary E. Brown	000-00-0000	214 Central Avenue Munice, IN 47303	Niece	100%

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
(b) (6)				
Trustee(s) or Successor Trustee(s) as provided in my Last Will and Testament, if valid. Otherwise to:		5909 Pacific Avenue, NW	Trustee	100%

7. How to cancel all designations of beneficiary

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
Cancel prior designations				

Declaration for Federal Employment

Form Approved
OMB No. 3208-011

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ♦ (b) (6)	2. SOCIAL SECURITY NUMBER ♦ (b) (6)
3. PLACE OF BIRTH (include city and state or country) ♦ (b) (6)	4. DATE OF BIRTH (MM/DD/YYYY) ♦ (b) (6)
5. OTHER NAMES (For example, maiden name, nickname, etc) ♦ ♦	6. PHONE NUMBERS (include area codes) Day (b) (6) Night (b) (6)

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment (5 CFR 2635) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? (b) (6) NO If "NO" skip 7b and 7c. If "YES" go to 7b.
7b. Have you registered with the Selective Service System? (b) (6) NO If "NO" go to 7c.
7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? (b) (6)
If you answered "YES," list the branch, dates, and type of discharge for each service.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/YYYY)	To (MM/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. (b) (6)
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

(b) (6)

Declaration for Federal Employment

Form Approved
OMB No. 3208-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use Item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. (b) (6)
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

Continuation Space / Agency Optional Questions

16. Provide details requested in Items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read Item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read Item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature (b) (6) Date (b) (6)
- 17b. Appointee's Signature (b) (6) Date (b) (6) (b) (6)

Appointing Officer: Enter Date of Appointment or Conversion MM/DD/YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? DATE: (b) (6)
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? (b) (6)
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. (b) (6)

Statement of Prior Federal Service
(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM)

Privacy Act Stat

(b) (6)

Section 6303 of 5 U.S.C., "Annual Leave Accrual," authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes.

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other Federal agencies

or Congressional or judicial offices in order to verify information in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

I. What is Needed to Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civilian service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OPM-approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System—Standard Form 2806, or the Federal Employees Retirement System—Standard Form 3100). The information on the application or resume you submitted for the appointment you are receiving, along with the information on page 2 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detailed statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employment, as explained below.

II. Use of Secondary Evidence to Verify Federal Service

Secondary evidence may be considered as proof of Federal civilian service only when official Government records are lost, destroyed, or incomplete. Necessarily, the burden of proof is on the person claiming service that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you submit all documents in your possession that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. No credit can be allowed for any service that is not substantiated by valid and conclusive secondary evidence. The following is applicable only if you are providing secondary evidence.

A. Documentary Evidence: Submit as many as possible of the documents listed in item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in Items 2 and 3 may be considered, but less weight will be given to such evidence.

1. Copies of official documents or letters about the service. These may be notices on appointment/separation; notices of changes in position/salary, organization, or headquarters; travel orders; payroll cards; ID's, etc.
2. Private records such as a diary, correspondence, copies of income tax returns, employment applications, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after period of service.
3. Any other documentary evidence tending to prove the service was actually performed and the starting and ending dates of the service.

B. Affidavit Evidence: If you are not able to supply copies of official documents (as described in Item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons (preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1; 2; and 3, above) to support your claim, you may submit these affidavits only; however, your claim is more likely to be rejected without supporting documents. The required affidavits are from:

- The employee, stating as many of the details on the affidavit as can accurately be remembered.
- At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address.

Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.

C. Warning: Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C. 1001).

STATEMENT OF PRIOR FEDERAL SERVICE
 To be Completed by Employee

1. Name (Last, First, Middle Initial) **(b) (6)** 2. Social Security Number **(b) (6)** 3. Date of Birth (Month, Day, Year) **(b) (6)**

4. Does the application or resume that you submitted, for this position, list all of your Federal government civilian service? **(b) (6)**

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	
(b) (6)							

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
 Yes — If "Yes", list the following information. No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS
(b) (6)									

7. List all unformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM:			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	
(b) (6)							

8. Do you claim any type of veterans' preference which has not been verified? **(b) (6)**

9. CERTIFICATION: The prior Federal civilian and unformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature **(b) (6)** Date **(b) (6)**

APPOINTMENT AFFIDAVITS

(b) (6)
(Position to which Appointed)

(b) (6)
(Date Appointed)

(b) (6)
(Department or Agency)

(b) (6)
(Bureau or Division)

(b) (6)
(Place of Employment)

I, (b) (6), do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(b) (6)
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this (b) (6)

a (b) (6)
(City)

(b) (6)
(State)

(b) (6)
(Signature of Notary)

(SEAL)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

(b) (6)
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

(b) (6)

(b) (6) Resume Page 1 of 4

(b) (6)

(b) (6)

Phone (b) (6)
(b) (6)

E-mail (b) (6)

Required Information

(b) (6)

Objective

(b) (6)

Summary of qualifications

(b) (6)

Professional experience

(b) (6)

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(b) (6)

Education

(b) (6)

Professional memberships

(b) (6)

Additional Training

(b) (6)

Additional Skills and experiences

(b) (6)

References

Provided upon request.

CERTIFICATE of TRAINING

(b) (6)

Has Successfully Completed a Program of Instruction in

(b) (6)

(b) (6)

(b) (6)

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(b) (6)

(b) (6)

Student Name:

(b) (6)

Page:

1

ID Number:

(b) (6)

(b) (6)

Printed:

(b) (6)

Department	Course Number	Title	Credits	Category	Grade
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(b) (6)

(CONTINUED)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

Student Name:

(b) (6)

Page:

2

ID Number:

(b) (6)

(b) (6)

Printed:

(b) (6)

Department

Course Number

Title

Credits

Category

Grade

(b) (6)

(CONTINUED)

SPECIAL PROGRAM ID : (b) (6)

(b) (6)

(b) (6)

STATUTORY PROVIS FOR RET :

STEP OR RATE : (b) (6)

TELEWORK INDICATOR : (b) (6)

AGREEMENT

TELEWORK REMOTE WORKER :

TENURE GROUP : (b) (6)

(b) (6)

TSP ELIGIBLE DATE : (b) (6)

TSP SERVICE COMP DATE : (b) (6)

TSP STATUS CODE : (b) (6)

TSP STATUS DATE : (b) (6)

TYPE OF APPOINTMENT : (b) (6)

VETERANS PREFERENCE : (b) (6)

PREFERENCE

VETERANS PREFERENCE RIF : (b) (6)

(b) (6)

(b) (6)

VETERANS STATUS : (b) (6)

WGI CODE : (b) (6)

WGI WEEKS IN PAY STATUS : (b) (6)

(b) (6)

DRUG TEST CODE : (b) (6)

DRUG TEST LOCATION :

DUTY STATION CODE : (b) (6)

ENVIRONMENTAL/HAZARD AUTH: (b) (6)

FINANCIAL STATEMENT CODE : (b) (6)

FINANCIAL STATEMENT DATE :

FLSA CATEGORY : (b) (6)

(b) (6)

FULL PERFORMANCE GRADE : (b) (6)

FUNCTIONAL CLASSIFICATION: (b) (6)

(b) (6)

(b) (6)

GRADE - PARK POLICE :

GRD/LVL/CLS/RNK/PAY BAND : 15

IDENTICAL ADDITIONAL IND: (b) (6)

(b) (6)

INTERIM INCENTIVE BEG DT :

INTERIM INCENTIVE PAY IND:

SUPERVISORY LEVEL CODE :

SUPERVISORY STATUS : (b) (6)

TELEWORK MOBILE WORKER :

TELEWORK POSITION CODE : (b) (6)

(b) (6)

WAGE AREA :

WORK SCHEDULE : (b) (6)

INTERIM INCENTIVE PAY PCT: (b) (6)
KEY POSITION INDICATOR : (b) (6)
(b) (6)

LAIRS PREFIX CODE :
LOCALITY PAY AREA : (b) (6)
METRO STATISTICAL AREA : (b) (6)
(b) (6)

MORE
OCCUPATIONAL CATEGORY : (b) (6)
(b) (6)
(b) (6)

OCCUPATIONAL SERIES : (b) (6)
OFFICE OF YOUTH PROGRAMS : (b) (6)
OPERATIONAL DIFFERENT BEG:
OPERATIONAL DIFFERENT IND:
OPERATIONAL DIFFERENT PCT: (b) (6)
OVERTIME TRUE INDICATOR :
PARK POLICE NEW HIRE IND :
PAY BAND CATEGORY :
PAY BAND LEVEL :

PAY BASIS : (b) (6)
PAY PLAN : (b) (6)

POSITION AGENCY USE :
POSITION ALLOCATION NBR :
POSITION CLASSIFICATION :
POSITION REMARKS :
POSITION SENSITIVITY : (b) (6)
POSITION STATUS : (b) (6)
POSITION TENURE

(b) (6)

POSITION TITLE CODE : (b) (6)
POSITION TITLE OPM : (b) (6)
POSITION TITLE ORG :
PREMIUM CLASS : (b) (6)
(b) (6)
(b) (6)

PUBLIC LAW 108-176 :
PUBLIC LAW 92-297 :
(b) (6) (b) (6)

SPECIAL POPULATION CODE : (b) (6)
STATISTICAL ORGANIZATION :
STATISTICAL SPECIALTY :

GRADE POINT AVERAGE :
GRD/LVL/CLS/RNK/PAY BAND : (b) (6)
HEALTH BEN DEDUCTION CD : (b) (6)

(b) (6)

HEALTH BEN PRETAX IND : (b) (6)
DEDUCTION FROM
HEALTH PLAN : (b) (6)
HOME LEAVE ELIGIBILITY : (b) (6)
HOURS SCHEDULED WEEK 1 : (b) (6)
HOURS SCHEDULED WEEK 2 : (b) (6)
INDIAN TRIBAL ORG ASSIGN :
INDIV/GRP AWARD : (b) (6)
INSTRUCTIONAL PROGRAM : (b) (6)
NTE DATE TEMP REASSIGN :
PAY PLAN : (b) (6)
POSITION OCCUPIED : (b) (6)
PREV RETIREMENT COVERAGE : (b) (6)

(b) (6)
(b) (6)

RECOMP BEGIN DATE : (b) (6)
RETIREMENT DESIGNAT BENEF: (b) (6)

(b) (6)

RETIREMENT NAF ELECT LAW :
RETIREMENT NAF SVC BEG DT:
RETIREMENT NAF SVC END DT:
RETIREMENT NAF WORK SCHED:
RETIREMENT PLAN : (b) (6)
SALARY TABLE IDENTIFIER : (b) (6)
SCHEDULE OR STATUTE :
SECURITY CLEARANCE DATE : (b) (6)
SECURITY CLEARANCE LEVEL : (b) (6)
SECURITY INQ/INVESTIG : (b) (6)
INVESTIGATION)

SECURITY OPM CMPLTN DATE : (b) (6)
SECURITY REINVEST DATE :
SECURITY STATUS : 2 / (b) (6)
SECURITY STATUS DATE : (b) (6)

SEPARATION DATE :
SEPARATION REASON CODE :
SERVICE COMP DATE LEAVE : (b) (6)
SERVICE COMP DATE RETIRE : (b) (6)
SERVICE COMP DATE RIF :
SES CANDIDATE DEVELOPMENT:
SEX : (b) (6)

SSN

(b) (6)

DOB

(b) (6)

DATE EST VOLUNT EARLY RET: (b) (6)

DATE FERS ELECTION :

DATE LAST EQUIV INCREASE : (b) (6)

DATE LAST PROMOTION : (b) (6)

DATE OF BIRTH : (b) (6)

DATE PROBATION BEGIN :

DUAL POSITION EXCEPTION : (b) (6)

EDUCATION LEVEL : (b) (6)

ELECT TO CONT HEALTH INS :

ELECT TO CONT LIFE INS :

ELECT TO CONT RET CNTRB :

EMPLOYEE AGENCY USE :

EMPLOYEE COMMON IDENTIF : (b) (6)

EMPLOYEE STATUS : (b) (6)

FEGLI ASSIGNMENT IND : (b) (6)

(b) (6)

(b) (6)

FEGLI CODE/DESCRIPTION : (b) (6)

FEGLI CONV TO PRIVATE POL: (b) (6)

(b) (6)

(b) (6)

FEGLI COURT ORDER : (b) (6)

(b) (6)

(b) (6)

FEGLI COURT ORDER REC DT :

FEGLI DESIGNATION BENEF : (b) (6)

(b) (6)

(b) (6)

FEGLI EVENT CODE :

FEGLI SF-2819 ISSUED DATE: (b) (6)

(b) (6)

(b) (6)

FEHB ELIGIBLE CODE :

FEHB TEMP EMPLOYEE IND : (b) (6)

(b) (6)

(b) (6)

FERCCA CODE : (b) (6)

FERS COVERAGE : (b) (6)

(b) (6)

FICA COVERAGE INDICATOR1 :

FICA COVERAGE INDICATOR2 :

FPPS CONVERSION DATE : (b) (6)

FROZEN SERVICE : (b) (6)

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)

(b) (6)

(b) (6) (cell)
(b) (6) (Fax)

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This message (including any attachments) is intended exclusively for the individual or entity to which it is addressed. This communications may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail and delete all copies of this message.

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks,

(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

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(b) (6)
(b) (6)
(b) (6)
(b) (6)
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Regards,

(b) (6)
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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

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Thanks,

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(u) (o)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----
From: (b) (6)

Sent: (b) (6) (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)

Regards,

(b) (6)
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(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)

Thanks!
(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)

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----- Original Message -----

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To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

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Regards,

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(cell)
(Fax)

(b) (6)
From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

Good afternoon (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)

(b) (6)

Fax: (b) (6)

-----Original Message-----

From: (b) (6)

Sent: (b) (6)

To: (b) (6)

Subject: (b) (6)

(b) (6)

Regards,

(b) (6)

(b) (6)
(b) (6)

(b) (6)
(b) (6)

(b) (6)
(b) (6)

(b) (6)
(b) (6)

(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)

Sent: (b) (6)

To: (b) (6)

Subject: (b) (6)

(b) (6)

Thanks!

(b) (6)

-----Original Message-----

From: (b) (6)

Sent: (b) (6)

To: (b) (6)

Subject: (b) (6)

(b) (6)

(b) (6)

----- Original Message -----

From: (b) (6)

To: (b) (6)

Sent: (b) (6)

Subject: (b) (6) (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
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(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

(b) (6)

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
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(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)

(b) (6)

To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
Importance: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)

Thank you.

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

(b) (6)
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6)
Fax: (b) (6)

----- Original Message -----
(b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

----- Original Message -----
From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

-----Original Message-----

(b) (6)
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

Good afternoon (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks!

(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

-----Original Message-----

From: (b) (6)
To: (b) (6)

Sent: (b) (6) [redacted]
Subject: (b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(b) (6) [redacted]

Regards,

(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(b) (6) [redacted]
(b) (6) [redacted]

(cell)
(Fax)

(b) (6)

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)
Attachments: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Fax: (b) (6) (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(p) (o)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(p) (o)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

(b) (6)

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6) (b) (6)
Fax: (b) (6)

-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)

Regards,
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)

Thanks!
(b) (6)

-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)
(b) (6)
(b) (6)

-----Original Message-----
From: (b) (6)
To: (b) (6)

(b) (6)

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)
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(b) (6)

(b) (6)

(Cell)
(Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
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(b) (6)

(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks!
(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

-----Original Message-----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6) (Cell)

(b) (6) (Fax)

(b) (6)

From: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

----- Original Message -----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

(b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks!
(b) (6)

-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)

----- Original Message -----
From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

From: (b) (6) (b) (6)
Sent: (b) (6)
Subject: (b) (6)
Importance: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(Cell)
(Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----
From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks!

(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

-----Original Message-----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

(b) (6)
(b) (6)

(b) (6)

(b) (6)
(b) (6)

(b) (6)

Regards,

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(Cell)

(Fax)

(b) (6)

From: (b) (6) (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6) (Cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)

Sent: (b) (6) (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(Cell)
(Fax)

----- Original Message -----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

Best,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
Phone: (b) (6)
Fax: (b) (6)

----- Original Message -----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6)
(p) (b)
(p) (b) (Cell)
(p) (b) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)
(b) (6)
(p) (b)

Thanks,

(b) (6)
(p) (b)
(p) (b)
(b) (6)
(p) (b)
(p) (b)
Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (p) (b)

(b) (6)
(b) (6)
(p) (b)
(p) (b)
(b) (6)

Regards,

(b) (6)
(b) (6)
(p) (b)
(b) (6)
(b) (b)
(p) (b)
(p) (b)

(b) (6)

(b) (6)
(b) (6) (cell)
(b) (6) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Thanks,

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

Phone: (b) (6)
Fax: (b) (6)

-----Original Message-----

From: (b) (6)
Sent: (b) (6)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Regards,

(b) (6)
(b) (6)
(b) (6)

(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)
(b) (6)

(b) (6)

(b) (6) (cell)
(o) (o) (Fax)

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-----Original Message-----

From: (b) (6)
Sent: (o) (o)
To: (b) (6)
Subject: (b) (6)

(b) (6)

Thanks!

(b) (6)

-----Original Message-----

From: (b) (6)
Sent: (o) (o)
To: (o) (o)
Subject: (o) (o)

(b) (6)

(b) (6)

-----Original Message-----

From: (b) (6)
To: (b) (6)
Sent: (b) (6)
Subject: (b) (6)

(b) (6)

(b) (6)

(o) (o)
(o) (o)

(b) (6)

(b) (6)
(o) (o)

(b) (6)

Regards,

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6) (Cell)

(b) (6) (Fax)