

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

OR	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	Remeika	Richard		

2c. SPECIFIED COPIES ONLY ☐ CERTIFIED (Optional)

[illegible]

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account# with delivery service, addressee's phone#, etc.)