#00175593 7

Exhibit 5.2c Address Information Request Format - Template

Date: 8/15/25

ADDRESS INFORMATION REQUEST

Please for the following individual or verify whether the address given below is one at which mail for this individual is currently being delivered. If the following address is a Post Office box, please furnish the street address as recorded on the boxholder's application form.

Name: Shade Olowookere

Last Known Address: 1005 Main Street 1104 Pawtucket, RI 02860

I certify that the address information for this individual is required for the performance of this agency's official duties.

Evan Gallaco

(Signature of Post Office Official)

(Title) MCS Pawtucket

FOR POST OFFICE USE ONLY (IF NEEDED)

[X] MAIL IS DELIVERED TO ADDRESS GIVEN
[ ] NOT KNOWN AT ADDRESS GIVEN
[ ] MOVED, LEFT NO FORWARDING ADDRESS
[ ] NO SUCH ADDRESS
[ ] OTHER (SPECIFY): _____

Agency return address _____

NEW ADDRESS _____

BOXHOLDER STREET ADDRESS _____

Postmark/Date Stamp:

PAWTUCKET, RI 02860
AUG 15 2025
USPS

FILED

AUG 18 2025

BY AMF