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5. Name and address of party to whom correspondence concerning document should be mailed: Name: Jacqueline M. O'Brien Internal Address: JONES DAY North Point _____ Street Address: 901 Lakeside Avenue _____ City: Cleveland State: OH Zip: 44114	6. Total number of applications and registrations involved: <span style="border: 1px solid black; padding: 2px;">1</span>  7. Total fee (37 CFR 3.41) \$ 40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number: 50-1432 Ref. No. 085056-285134	
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