7015 1730 0002 1807 6905

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

CERTIFIED MAIL®

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☐ Return Receipt (hardcopy)

☐ R

☐ C

☐ A

☐ A

Postag

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Total

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Sent T

Ellowood Eugene Bennett, #01657-087
Commonwealth Unit
FEDERAL MEDICAL CENTER
Inmate Mail/Parcels
P.O. BOX 14500
LEXINGTON, KY 40512
2:90cr78-01 #363 & 2:15cv45 #9

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions