



Department of Health and Human Services

Under the authority of the Secretary of Health and Human Services, the following information is being provided to you.

Blank lined area for providing information.



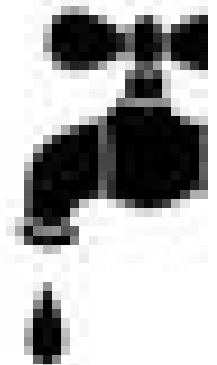
Department of Health and Human Services

The following information is being provided to you under the authority of the Secretary of Health and Human Services.

Blank lined area for providing information.

Department of Health and Human Services

SECRET



Page: _____
Date: _____