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Melissa A. Wade

LOBBYIST CONTACT DISCLOSURE FORM

To be completed by the employee contacted.

Date and time of contact:	Name of the Employee(s) Contacted (Name and Title)	Brief description of the contact: (attach separate sheet if necessary)
N/A	N/A	N/A
Name of the Employee(s) who prepared this form: Lance Polivy, General Counsel		Date: