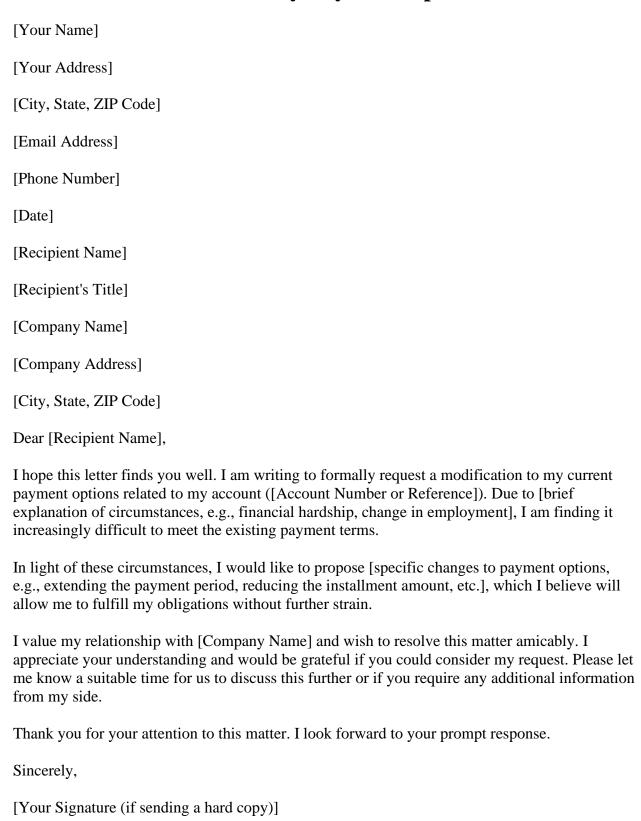
Letter of Demand to Modify Payment Options



[Your Printed Name]