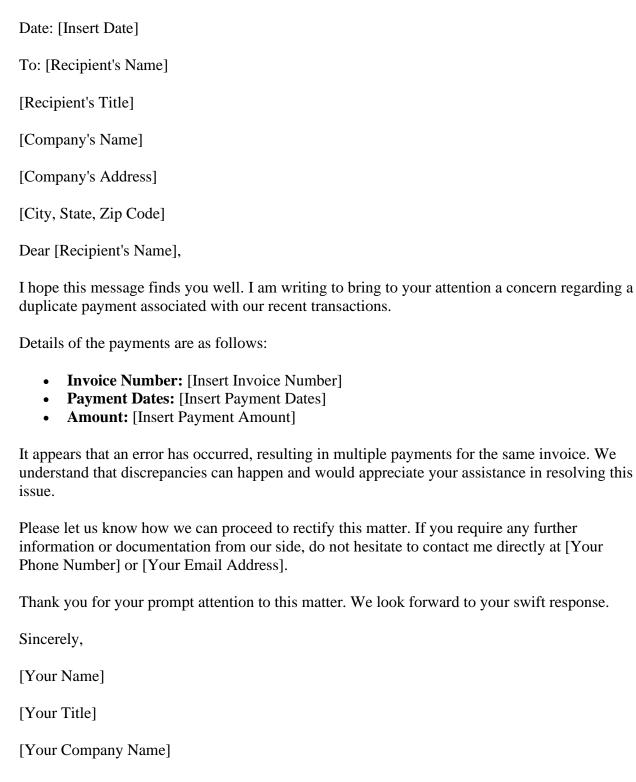
## **Letter of Communication to Resolve Duplicate Payment Concerns**



[Your Company Address]

[City, State, Zip Code]