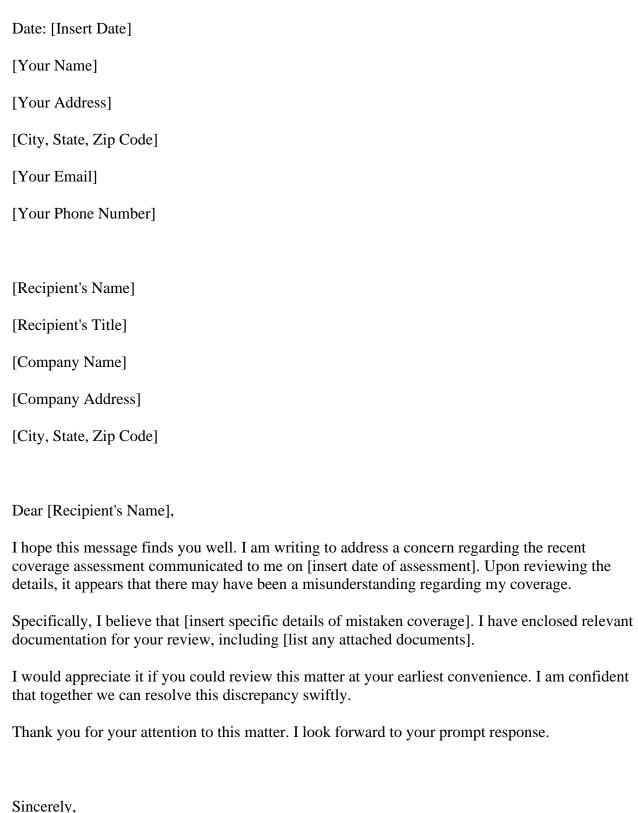
## Letter of Mistaken Coverage Assessment



[Your Name]