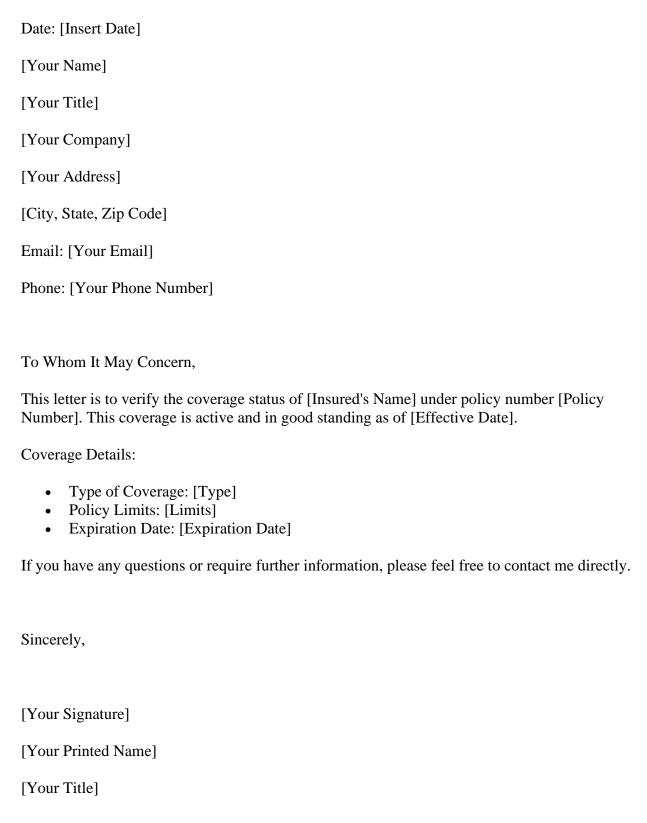
## **Statement of Coverage Verification**



[Your Company]