

Claimant:
Case ID:

U.S. Department of Labor
Office of Workers Compensation Programs
Division of Energy Employees Occupational Illness Compensation
P.O. Box 8306, London, KY 40742-8306

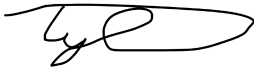
To Whom it May Concern:

I am writing in reference to the claimant, for whom I am the Authorized Representative.

We would like to withdraw their claim for

Please call me at 808-772-8329 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tyler J. Bailey', with a stylized, flowing script.

Tyler J. Bailey
President, Southwest Nuclear Advocates
Cell: 808-772-8329