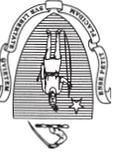


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William Francis Galvin
Secretary of the Commonwealth
1 Ashburton Place, Room 1705
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PARA USO EXCLUSIVO DE LA OFICINA:

We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

_____ .
Ward Precinct

Devuélvase al Secretario Municipal o a la Comisión Electoral. Dóblese a lo largo de la línea punteada y selle con cinta pegante antes de remitir.

_____ *nombre*

_____ *calle y número*

_____ *ciudad*, **MA** *código postal*

*Coloque un
sello postal de
primera clase
aquí*

City or Town Clerk or Election Commission

City or Town Hall

_____, **MA**

Su ciudad Código postal