

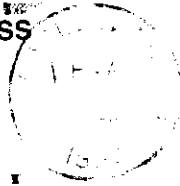
Mike has been ill in the hospital off & on for 6 months. He has Alzheimer's & heart disease.

Mail this card to all people, businesses and publications who send you mail. For publications, tape an old address label over name and old address sections and complete new address. **COMPLETE ADDRESS PORTION ON FRONT OF FORM with Name, Street Address, City, State and ZIP Code of individual or business to whom you are relaying this card.**

Your Name	Print or Type—Last Name, First Name, Middle Initial MALONE, DANDRIDGE M.				
Old Address	No. and Street	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State		ZIP + 4 Code 33852-1111		
New Address	No. and Street	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State		ZIP + 4 Code 28786-1111		
Sign Here	Signature <i>Dandridge M. Malone</i>		Date new address in effect 1/1/95		Keyline No. (if any) 115

**CHANGE-OF ADDRESS
CARD FOR:**

**Correspondents,
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Businesses**



Daniel Pope