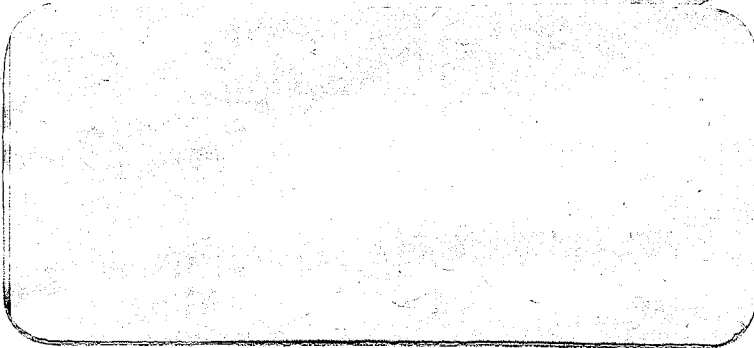




**DEPARTMENT OF HEALTH CARE SERVICES**  
**Health Care Options**  
P.O. Box 989009  
West Sacramento, CA 95798-9009

**RETURN SERVICE REQUESTED**



**To be opened by addressee only.**  
**You must respond within 30 days**

**Para ser abierto solo por el destinatario.**  
**usted debe de responder dentro de 30 días**

**IMPORTANT Time Sensitive**  
**Information Enclosed**

**Informacion De Delicadas**  
**Fechas Incluidas En Este Sobre**