

# FACSIMILE TRANSMISSION COVER SHEET

**DATE:** \_\_\_\_\_

**TO:** Clerk of the Appellate Courts  
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**FROM:** \_\_\_\_\_  
(Name)

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Address:

Kansas Attorney Registration Number: \_\_\_\_\_

Attorney For: \_\_\_\_\_  
(Name of Party)

**RE:** \_\_\_\_\_  
(Appellate Case Number)

Caption: \_\_\_\_\_  
(Plaintiff)

**VS**

\_\_\_\_\_  
(Defendant)

Name of Document Being Transmitted: \_\_\_\_\_

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