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- 2. Once you have registered your information, print your claim confirmation page and attach your receipt and original barcode from the box and mail to the address listed.
- 3. If you choose to submit by mail please fill out this form and mail to the address along with documentation.

Mail To: Dept# 119600-5377 EMAGR181103-1 P.O. Box 52106 Phoenix, AZ 85072

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