

FILED

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE  
STATE OF MISSOURI

JUN 30 2013

Missouri Public  
Service Commission

Name: Andrew Monroe  
Complainant

vs.

Case No.

Company Name: Ameren Ue  
Respondent

COMPLAINT

Complainant resides at 102 Bobb Lane  
(address of complainant)

Troy, MO 63379

1. Respondent, Ameren Ue  
(company name)

of ONE Ameren Plaza 1901 Chouteau Ave, is a public utility under the  
(location of company) St. Louis, MO 63166  
jurisdiction of the Public Service Commission of the State of Missouri.

2. As the basis of this complaint, Complainant states the following facts:

Ameren's line broke on 7/24/12. It caused a power surge 3 times for Cuivre River Electric Co. It damaged several items in my home. I put in a claim and they denied it. I asked to see the engineer's report and asked for answers to several questions. None were answered. I contacted the BBB. Nothing happened. I contacted the Public Service Commission. Allen Bax tried to get answers. But, Ameren would not respond to him either. He told me I could do a formal hearing, so that is the route I am taking. I called Ameren one last time and told them of my intentions but they still insisted I have no claim.

3. The Complainant has taken the following steps to present this complaint to the Respondent:

I called, I Filed a Claim, I went through the BBB. I sent another letter. I went to the public source commission & I called again.

WHEREFORE, Complainant now requests the following relief:

I need restitution to pay for the items returned. I asked for \$2900 to replace items.

11/17/13  
Date

Archie Monroe  
Signature of Complainant

636-358-8784  
Complainant's Phone Number

anmonroe@hotmail.com  
Complainant's E-mail Address

Attach additional pages, as necessary.  
Attach copies of any supporting documentation.

## Better Business Bureau Serving Eastern Missouri and Southern Illinois

### COMPLAINT ACTIVITY REPORT Case # 1458631

**Consumer Info:** Monroe, Andrew  
102 Bobs Ln  
Troy, MO 63379-2041  
636 358-8784 636 358-8784

**Business Info:** Ameren  
One Ameren Plaza 1901 Chouteau Ave  
Saint Louis, MO 63166  
573 681-7357

#### Consumer's Original Complaint :

Ameren ground line broke, falling on Cuivre River electric line causing 3 power surges, loss of power for a time and a fire. On 7/27/12 Ameren's ground wire in Troy, MO that runs across Cuivre River's electric line broke for the 2nd time. This time it snapped causing a large grass fire and the power line hit Cuivre river line and caused power surges 3 times. I live across the street and I ran across to tell Cuivre about the fire and the electric line that was laying hot over the street. When this happened in my home the power surges caused damage to some of my property. I sent Ameren a claim form at (ADDRESS). I took pictures and placed them on a flash drive and I sent costs for replacement items. They said they would look into it and contact me back. This was (NAME) who said this. I received a letter 8/29/12 telling me that there was not any negligence on the part of Ameren UE and they were sorry for my loss. I then wrote them a letter requesting the report from their investigation of the issue. They should have had an electrical engineer check out the line and verify that it is the proper size to carry the voltage without incident a 3rd time. I also asked if they reviewed the clearance between their lines and Cuivre Rivers lines. This again is the 2nd time Amerens line has busted in the same spot causing surges and power outages. They did not send me any report on the investigation. Instead, Ameren sent me a letter dated 9/20/12 telling me that they reviewed the claim and that based on their evidence their position remains the same. They said that the problem stated in the previous letter said it was equipment failure. Their is no such statement in the previous letter, It just says no negligence. The bottom line is that their line broke, fell on Cuivres Line (my electric) and caused \$2900 worth of electronics damage that was on surge protectors. Their line cause a fire that burned up Cuivre Rivers yard to a crisp and put Cuivre River and surrounding homes out of electric. It is in the local paper. What happens next time the line breaks. Does it catch a home on fire, or hit a car on the street, or hit a person walking down the road, or a kid riding a bike? The company handling Amerens claims is a 3rd party CMI- Corporate claims management. The claims adjuster is (NAME). If they have done investigation, why did they not send me a report as requested? Why did they not send an adjuster to look at the damage. Equipment failure is an admission of it being Ameren's fault. Anyone else has to take responsibility for damages they cause on purpose or by accident. Why not Ameren? Are they above everyone else? My claim # is AG1208091. I sent them all of my loss information.

#### Consumer's Desired Resolution:

I sent the costs of recovering my losses at \$2900. This is not including the taxes on the replacement purchases. This is not my time, my gas, in getting the items. It is not the time over the last two months my family has gone without, because of Ameren not taking responsibility. I want my \$2900 to replace what I lost and I want this based upon them doing the right thing. I want to ensure that they have really fixed the problem and that My home and surrounding homes and cars and pedestrians are not in danger. I want it to happen soon as it is not fair for them to think that my family is not important and that they can just simply say- it's not our fault, sorry. Your equipment- Your fault. I have the letters, how can you claim equipment failure and not be held accountable?

#### BBB Processing

09/23/2012	web BBB	Complaint Received by BBB
09/25/2012	TCH BBB	Member or MIP Complaint Reviewed by BBB Operator
09/25/2012	Otto BBB	C1 - Send Acknowledgement to Consumer - Mbr
09/25/2012	Otto BBB	B1 - Inform Member of Complaint

<b>A</b> FDID <u>05702</u> * State <u>MO</u> * Incident Date <u>07</u> <u>24</u> <u>2012</u> * Station <u>ALL</u> Incident Number <u>12-0000744</u> * Exposure <u>000</u> * <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS -1 Basic			
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. <input checked="" type="checkbox"/> Street address <u>1112</u> <u>E CHERRY</u> <u>ST</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <u>TROY</u> <u>MO</u> <u>63379</u> <input type="checkbox"/> Rear of Apt./Suite/Room City State Zip Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Cross street or directions, as applicable			
<b>C Incident Type *</b> <u>143</u> <u>Grass fire</u> Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec Alarm <u>07</u> <u>24</u> <u>2012</u> <u>13:55:00</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>07</u> <u>24</u> <u>2012</u> <u>13:57:00</u> CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <u>07</u> <u>24</u> <u>2012</u> <u>14:19:00</u>	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number		<b>E2 Shift &amp; Alarms</b> Local Option <u>C</u> <u>1</u> Shift or Alarms District Platoon <b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value	
<b>F Actions Taken *</b> <u>11</u> <u>Extinguishment by fire</u> Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>0001</u> <u>0005</u> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.	
		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>000</u> <u>000</u> <u>000</u> <input checked="" type="checkbox"/> Contents \$ <u>000</u> <u>000</u> <u>000</u> <input checked="" type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>000</u> <u>000</u> <u>000</u> <input checked="" type="checkbox"/> Contents \$ <u>000</u> <u>000</u> <u>000</u> <input checked="" type="checkbox"/>	
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<b>H1* Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
<b>J Property Use*</b> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <11 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 362 <input type="checkbox"/> Vacant lot 938 <input checked="" type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	
		<b>I Mixed Use Property</b> NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>938</u> <b>Graded and cared-for plots</b>	

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**

☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State Zip Code

**L Remarks**

Local Option

On 07/24/2012 at 13:55:00 dispatched To 1112 E CHERRY ST /TROY, MO 63379. The location is a Graded and cared-for plots of land. The incident was determined to be a Grass fire.

13:57:00 arrived on scene.

The following actions were performed on scene:

Extinguishment by fire service personnel

Units responding were:

Unit 6414 responded.

14:19:00 all units back in service.

**L Authorization**

802

Officer in charge ID

Ragan, Randall Joe

Signature

AC

Position or rank

6402

Assignment

07

Month

24

Day

2012

Year

Check Box if same as Officer Member making report ID in charge.

814

Czarnecki, Martin

Signature

LT EMT

Position or rank

6414

Assignment

07

Month

24

Day

2012

Year



# CORPORATE CLAIMS MANAGEMENT, INC.

*Claims Administration Services*

Ameren Dedicated Unit  
(314) 554-3382

September 20, 2012

Andrew Monroe  
102 Bobs Lane  
Troy, MO 63379

RE:	Our Client:	Ameren
	Claim #:	AG1208091
	Date of Loss:	7/27/12

Dear Mr. Monroe:

As you are aware, Corporate Claims Management, Inc. is the third party administrator handling claims on behalf of Ameren.

We have again reviewed your claim as requested. We are sorry for the loss you have experienced, but based on our evidence, our position remains the same. As previously stated in our letter of 8/29/12, the problem you experienced was due to an equipment failure. This is uncontrollable by Ameren and not a compensable claim.

Thank you in advance for your cooperation.

Sincerely,

Corporate Claims Management, Inc.

Ben Fuchs  
Claims Adjuster  
800-781-2075, x1911



# CORPORATE CLAIMS MANAGEMENT, INC.

*Claims Administration Services*

Ameren Dedicated Unit  
(314) 554-3382

August 29, 2012

Andrew Monroe  
102 Bobs Lane  
Troy, MO 63379

RE:

Our Client: Ameren  
Claim #: AG1208091  
Date of Loss: 7/27/12

Dear Mr. Monroe:

Corporate Claims Management, Inc. is the third party administrator handling claims on behalf of Ameren.

We have reviewed the facts surrounding your claim for damages. We are sorry for any loss you have experienced, however we are unable to find Ameren negligent in this incident and must respectfully decline your claim

Thank you for your cooperation regarding this matter.

Sincerely,

Corporate Claims Management, Inc.

Ben Fuchs  
Claims Adjuster  
800-781-2075, x1911

**Better Business Bureau Serving Eastern Missouri and Southern Illinois****COMPLAINT ACTIVITY REPORT Case # 1458631**

**Consumer Info:** Monroe, Andrew  
102 Bobs Ln  
Troy, MO 63379-2041  
636 358-8784 636 358-8784

**Business Info:** Ameren  
One Ameren Plaza 1901 Chouteau Ave  
Saint Louis, MO 63166  
573 681-7357

**Consumer's Original Complaint :**

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**Consumer's Desired Resolution:**

I sent the costs of recovering my losses at \$2900. This is not including the taxes on the replacement purchases. This is not my time, my gas, in getting the items. It is not the time over the last two months my family has gone without, because of Ameren not taking responsibility. I want my \$2900 to replace what I lost and I want this based upon them doing the right thing. I want to ensure that they have really fixed the problem and that My home and surrounding homes and cars and pedestrians are not in danger. I want it to happen soon as it is not fair for them to think that my family is not important and that they can just simply say- it's not our fault, sorry. Your equipment- Your fault. I have the letters, how can you claim equipment failure and not be held accountable?

**BBB Processing**

<b>09/23/2012</b>	<b>web BBB</b>	Complaint Received by BBB
<b>09/25/2012</b>	<b>TCH BBB</b>	Member or MIP Complaint Reviewed by BBB Operator
<b>09/25/2012</b>	<b>Otto MAIL</b>	C1 - Send Acknowledgement to Consumer - Mbr
<b>09/25/2012</b>	<b>Otto EMAIL</b>	B1 - Inform Member of Complaint
<b>09/28/2012</b>	<b>WEB BBB</b>	RECEIVE BUSINESS RESPONSE : In reviewing the information, this customer's claim has been reviewed twice and was denied as the problem he experienced at his residence was due to equipment failure caused by the extreme heat. As the problem was not a result of negligence on our part, this is not a compensable claim.
<b>09/28/2012</b>	<b>BB BBB</b>	Bureau judged complaint resolved (AJR)
<b>09/28/2012</b>	<b>Otto BBB</b>	Inform Consumer - Case Closed AJR
<b>09/28/2012</b>	<b>Otto BBB</b>	Inform Business - Case Closed AJR
<b>09/28/2012</b>	<b>Otto BBB</b>	Case Closed AJR



Dear Ameren UE,

My name is Andrew Monroe. I turned in a claim resulting from loss at 102 Bobs Lane Troy, MO 63379. I am not a customer of yours. I am a customer of Cuivre River Electric in Troy, MO. My claim # is AG1208091. You turned down my claim saying that there was no negligence on your part. If that is the case, I would like a copy of your report from your investigation. This is not the first time your ground line has broken and landed on Cuivre River's line, causing a power surge and then outage. Did you have an electrical engineer check this line to see if it is the proper size for the voltage going through it? Did you replace the line, so that this does not happen again. Is the line a far enough distance away from Cuivre River lines to avoid this from happening a 3rd time. I have equipment that is damaged due to YOUR line breaking and falling on Cuivre River's line. I sent pictures of the equipment. I sent pages off of the internet showing what replacement costs are. I called Cuivre River and they have not seen any improvement done on your part to make sure this does not happen again. You are fortunate that no one was hurt. I was out side when it happened and the fire spread quickly in the grass. A car drove over your line, thankfully no one was hurt. If it happens again, will you still be so fortunate? I am asking for what I lost and nothing more. I did not break your line. I am the one who ran across the street and told Cuivre River about what happened so that they could get a response team and emergency vehicles there as soon as possible. If I caused damage to your property, you would expect restitution. If I do not get a positive response back very soon, I will take further action. I believe my contact is Ben Suchs. His extension is 1911.



Andrew Monroe  
102 Bobs Lane  
Troy, MO 63379  
636-358-8784

# MISSOURI PUBLIC SERVICE COMMISSION

## INFORMAL COMPLAINT FORM

(office use only) ☐ New ☐ Existing ☐ Re-Open

**Note: Complaints must be submitted by the customer of record or a party authorized with the utility company to discuss the account.**

Name on Account or Business Contact	Last Name <u>Monroe</u>	First Name <u>Andrew</u>	Middle Initial <u>N</u>
Name of Business (if applicable)			
Street Address	<u>102 Bobs Lane</u>		
City/State/Zip County:	City <u>Troy</u>	State <u>MO</u>	Zip Code <u>63374</u>
	County <u>Lincoln</u>		
Home Phone Work Phone (include area code)	Home Phone <u>(636) 358-8784</u>	Work Phone <u>(636) 358-6870</u>	ext. <u>NA</u>
Cell Phone/Pager E-mail Address	Cell Phone/Pager <u>(636) 358-8784</u>	E-mail Address: <u>an.monroe@hotmail.com</u>	
Fax#	Fax#: <u>( ) NA</u>	Preferred method of contact between 8am - 5pm: <input checked="" type="checkbox"/> Home Phone <input type="checkbox"/> Cell/Pager <input type="checkbox"/> Work Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
Service you have a problem with	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Telephone	<input type="checkbox"/> Water <input type="checkbox"/> Sewer
Name of the Utility Co. Account#	Name of Utility: <u>AMERON UT</u>		Account#: <u>claim # AG1208001</u>

**Briefly describe problem: (You MUST include a copy of your bill!)**

I am not a customer of Ameron ut, but their line broke and cut my company's (electric) line and caused damage to my personal property. Cuivre River Electric in Troy, Mo is my electrical company. I have enclosed a report & my correspondence with Ameron regarding my loss. I sent a letter to the BBB. Ameron still says it is not their problem. I have checked out the fix to the problem since this is not the 1st time this line broke and caused problems. It was a ground wire they just took the wire down to avoid future problems. It this was

Mail to: MO. Public Service Commission, P.O. Box 360, Jefferson City, MO. 65102

Fax to: 573-526-1500

If you need additional space, please include another sheet. Do NOT write on the back of this form!

the fire, why did they not take it down the 1st time it  
broke? If they would have, we would have had no 2nd  
incident causing damage and a fire. Can you please help  
me get this resolved? Thank you

Andre Morris

**OUTAGE TICKET**Outage Name **262\_03**Dispatched by **operations**

Crew Responsible: 245 DOUG N  
Outage Start Time: 7/24/2012 1:52:14 PM  
Outage End Time: 7/24/2012 3:00:00 PM  
Outage Duration: 01:08

Location

Troubled Element: **Troy T2 Cir03**  
Outaged Phase: **ABC**  
Device Name: **n/a**  
Map Location: **262\_03**  
SubStation: **#262 - Troy T2**  
Feeder: **Cir03**

Cause

Status: **Device Restored**  
Verified Cause: **Troy T2 Cir03 AMEREN NEUT DOWN ON CREC @ OFC**  
Action: **Device Troy T2 Cir03 Restored**

Customers

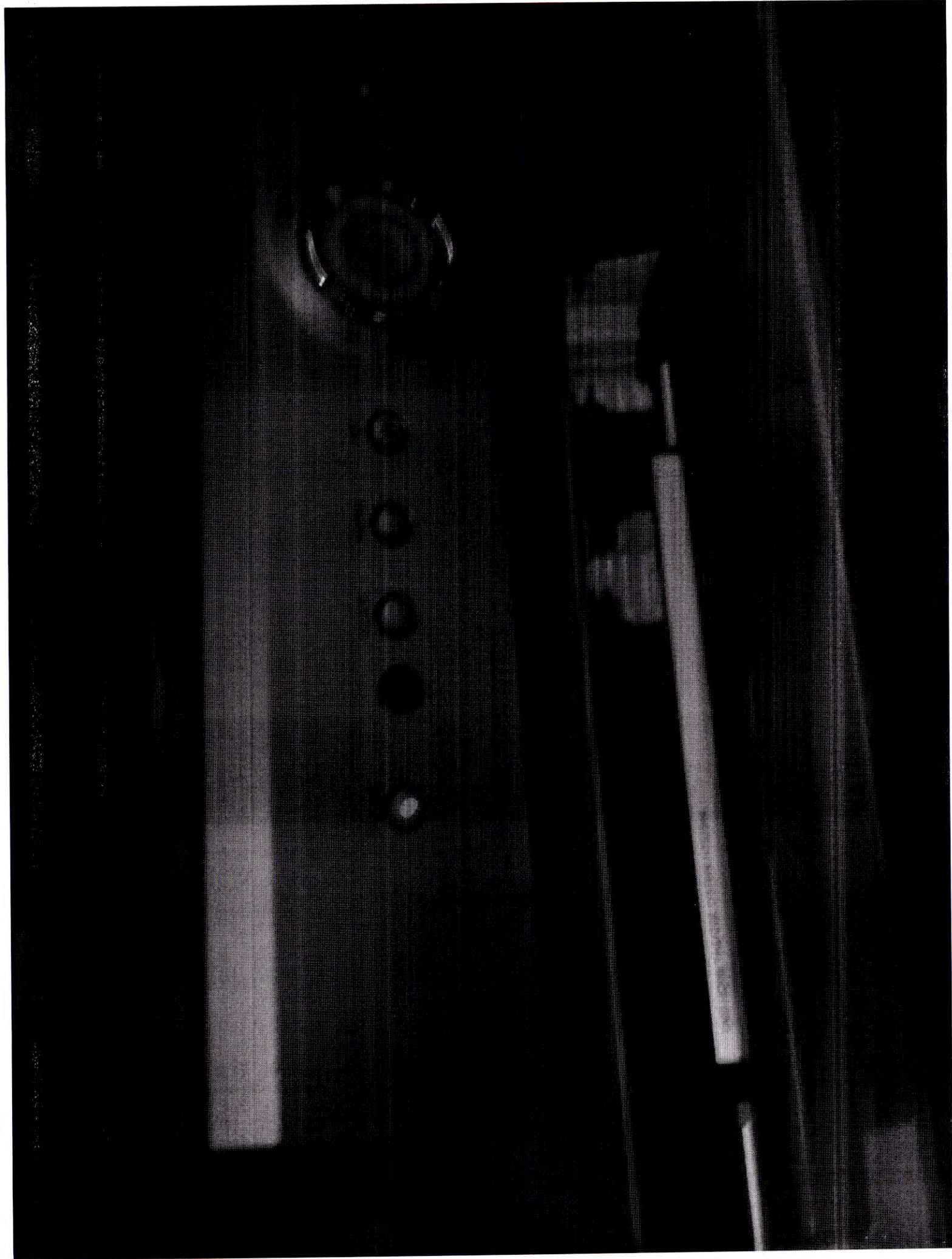
Priority: **7**  
Calls Received: **121**  
Initially Out: **981**  
Restored: **963**

Outage Cause Codes

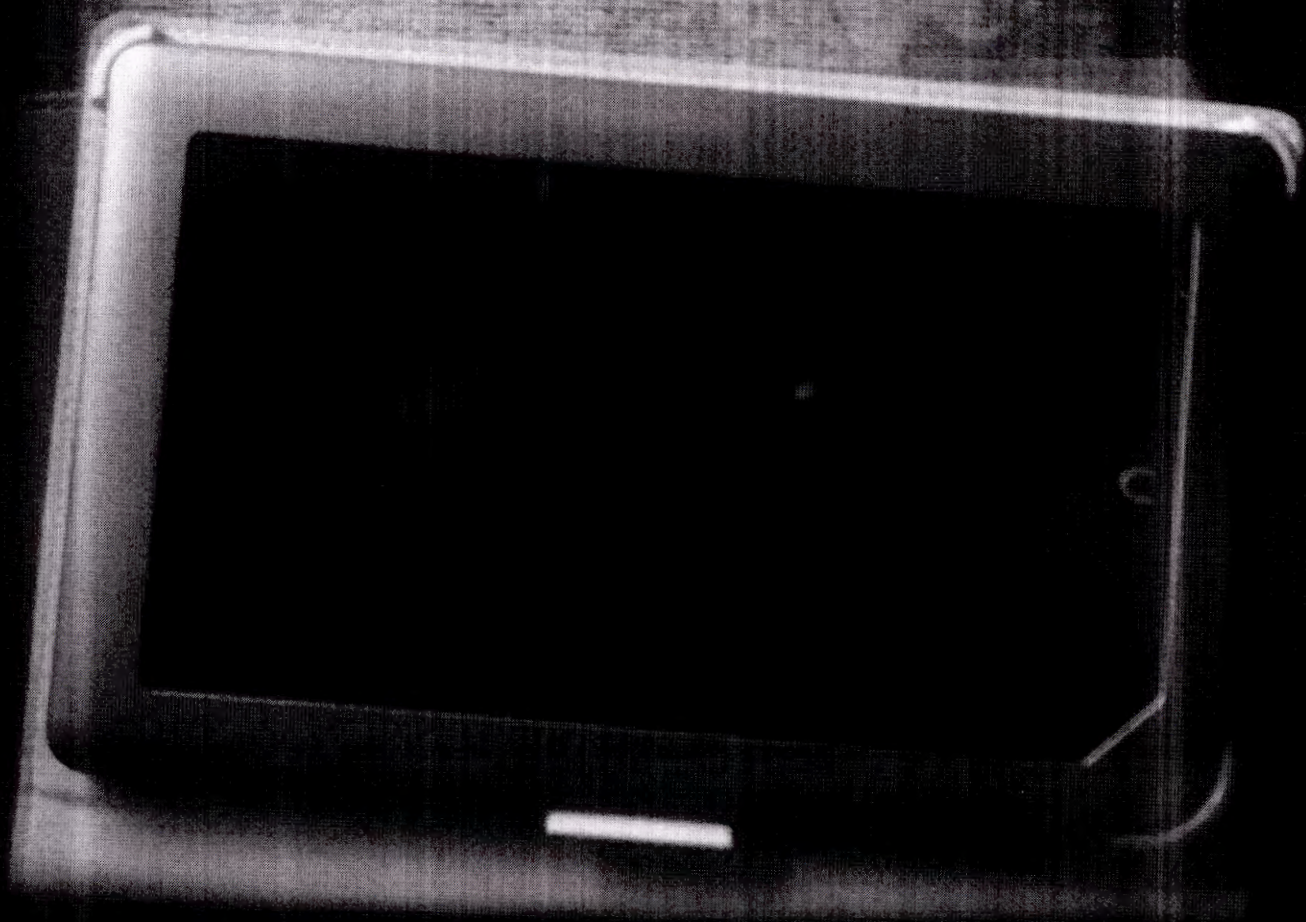
Cause **Other**  
Equipment **OH Wire**  
Preventative  
System Code **Union Elec.**  
Weather **Hot**

Remarks

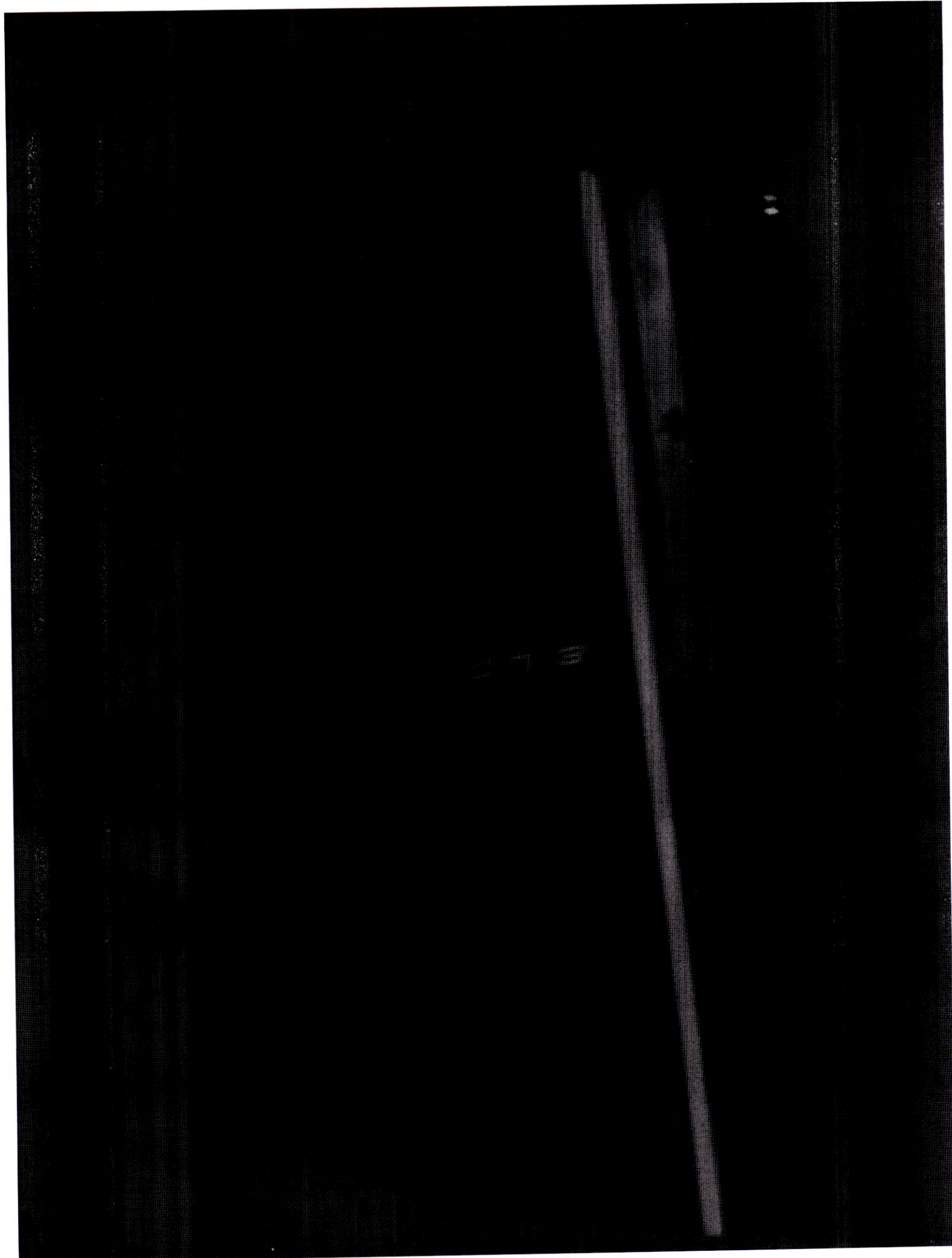
-----  
7/24/2012 1:55:00 PM  
245 DOUG N assigned to outage.



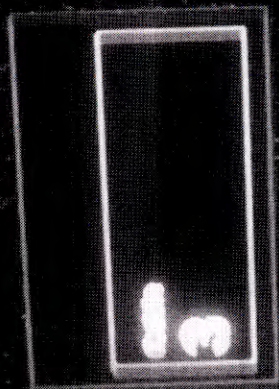












1999 1999

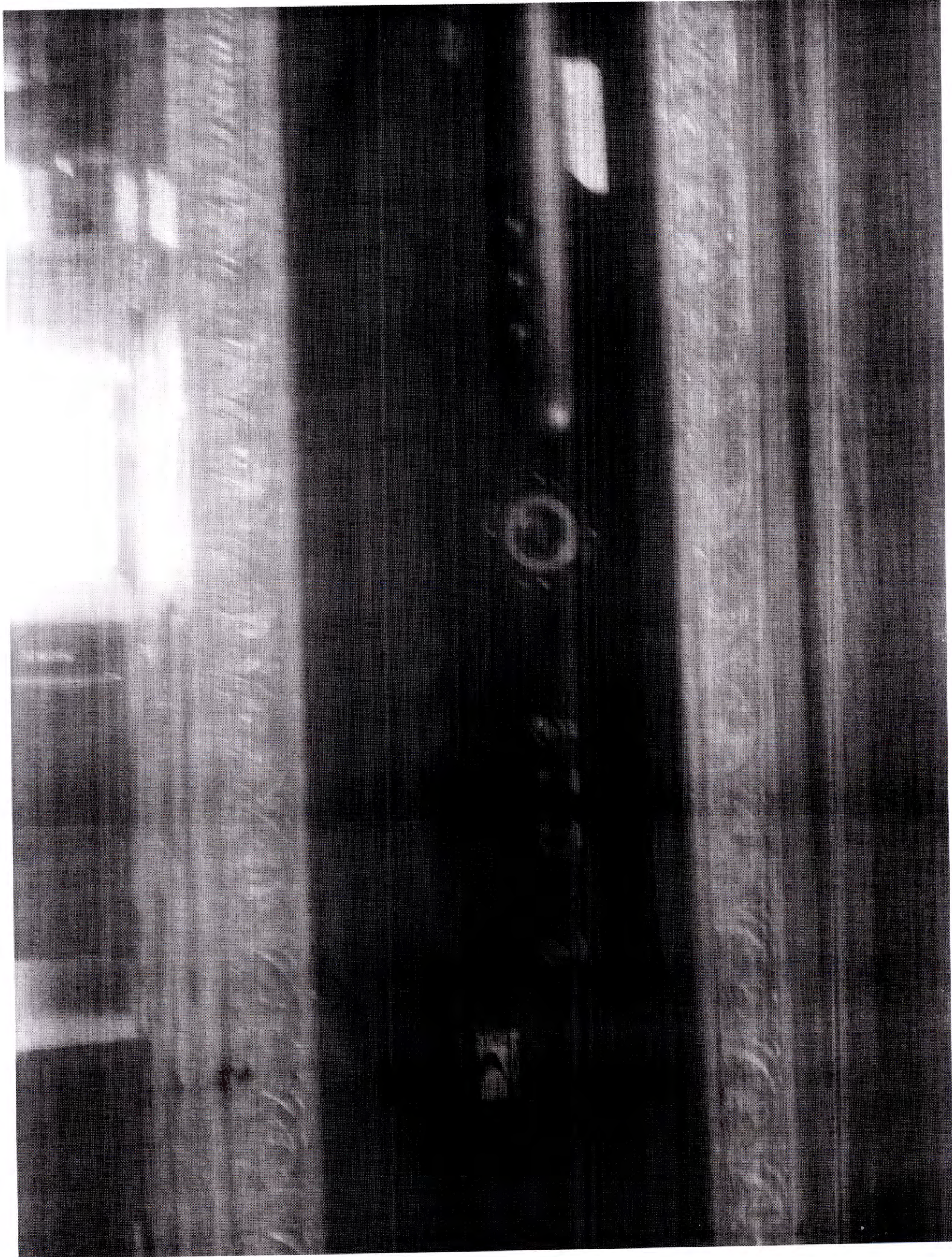














A problem has been detected in the storage de

This may be a simple initialization error or a cri  
Please reboot the box now. That may fix the pr

If that does not work then call Customer Service  
and report the diagnostic code displayed below

Diagnostics Code: 23-287



Home > PlayStation®3 > Systems > PlayStation®3 320GB system

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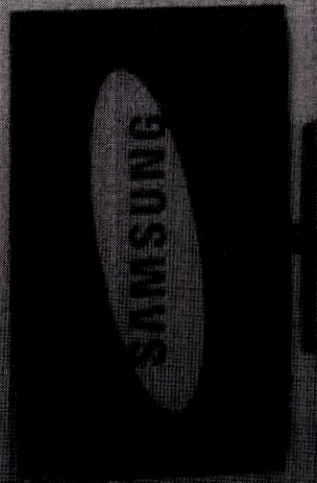
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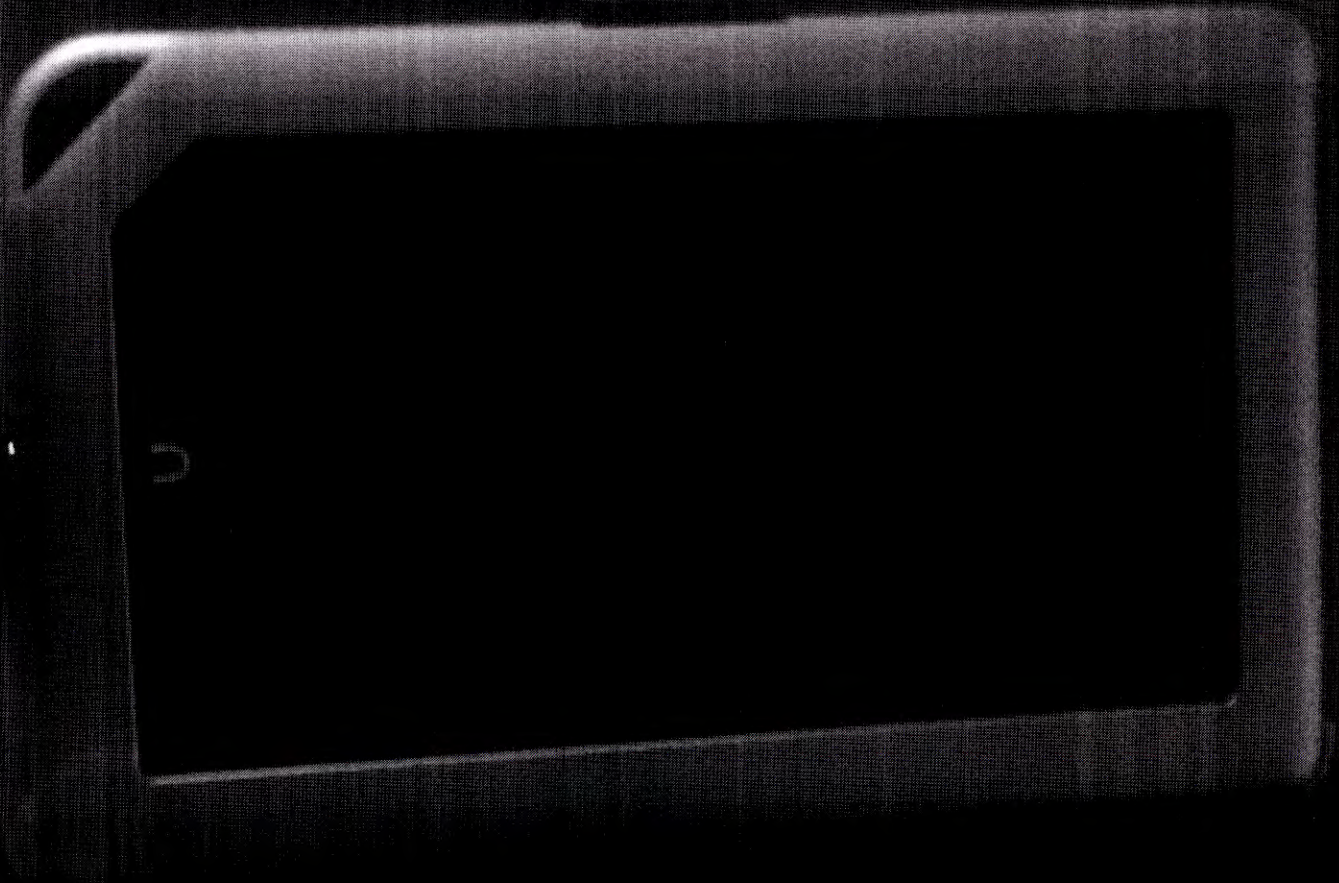
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