Date_____________________

Dear Constituent:

Thank you for contacting my office regarding a U.S. flag. To order a flag, please complete this form, attach your payment, and mail to the address below. There is no limit on the number of flags you may order.

You may also request a flag to be flown over the U.S. Capitol. Flags may be flown in recognition of a particular person, event, or organization, and may be flown on a specific date. A certificate of recognition is included with each flown flag.

Because of the large volume of flag requests, my office requires a check or money order for the total amount before a requested flag is mailed to you. Please make your check for the total amount, made payable to Mike Simpson’s Office Supply Account. If you have any questions, please do not hesitate to contact my office at (208) 334-1953.

Sincerely,
Mike Simpson
Member of Congress

<table>
<thead>
<tr>
<th>FLAG SIZE</th>
<th>FLOWN</th>
<th>NOT FLOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>3x5 NYLON</td>
<td>$26.45</td>
<td>$18.45</td>
</tr>
<tr>
<td>3x5 COTTON</td>
<td>$31.90</td>
<td>$23.90</td>
</tr>
<tr>
<td>4x6 NYLON</td>
<td>$35.90</td>
<td>$27.90</td>
</tr>
<tr>
<td>5x8 NYLON</td>
<td>$40.90</td>
<td>$32.90</td>
</tr>
<tr>
<td>5x8 COTTON</td>
<td>$48.30</td>
<td>$40.30</td>
</tr>
</tbody>
</table>

Shipping and handling included.

AMOUNT ENCLOSED:__________  DATE FLAG TO BE FLOWN:______________________________

FLAG TO BE FLOWN FOR:

(Print name exactly as you would like it to appear on the certificate and the purpose for the recognition. Example of what a certificate might say: This flag was flown over the United States Capitol for John Smith in recognition of his retirement from teaching after 40 years of dedicated service).

OCCASION:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name:_________________________________________ Phone:__________________________

Address:______________________________________ City:______________ Zip:__________

Picked up at office_____  _Mail from DC_____  Mail to Constituent:_____  Check#__________

Please return this form with your check made payable to Mike Simpson’s Office Supply Account to: Congressman Mike Simpson, 802 W. Bannock Street, #600, Boise, ID 83702