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NOTICE TO INMATE OF A STATEWIDE DISAPPROVED PUBLICATION SOURCE	to p
(This notice should be used when the source is already on the Master List of Disapproved Publication Sources and should be sent to the inmate within seven (7) working days of receipt of publication/material).	
TO: DATE:	
FROM: K. Stanback (Warden/Superintendent/Designee)	
RE: Disapproved Source GOPY	
Otapproval of Publication/Material) The road-tonalist Books The source, 405 W. Franklinst Chupel Hill N.C. 295/4 of publication/material received	
The source, 405 W. Franklins t Chapel Hill N.C. 295/4, of publication/material received (list name and address of source) for you is on the Division of Prisons Master List of Disapproved Publication Source list. The source of your publication/material violetics Prisons Master List of Disapproved Publication Source list.	127
publication/material violates Division of Prisons policy at section D.0109 and is disapproved for the reason listed.	
The source, 405 W. Franklins St. Chapel H. II. N. C. 295/4, of publication/material received (list name and address of source) for you is on the Division of Prisons Master List of Disapproved Publication Source list. The source of your publication/material violates Division of Prisons policy at section D.0109 and is disapproved for the reason listed. The source of your publication/material appears on the statewide Master List of Disapproved Publication Source because this source was disapproved during the previous publication (12) of Disapproved Publication	1
Prisons Publication Review Committee. There are no additional appeal rights to this decision.	
The source of your publication/material has been disapproved due to the violation of Division of Prisons Policy Chapter D, Section .0109 (f), as indicated:	
Do you choose to have the sublimet	
Do you choose to have the publication/material received from the disapproved source mailed to a different address or destroyed?	
If you do not indicate a choice within three (3) working days of the date shown above, the publication/material will be destroyed.	
Mailed: I would like to send the item(s) to the address I have indicated. I am aware that the cost of	
this mailing must be paid from my funds. (Name and address)	
Destroyed	
Inmate Signat Date Received 3-23-12	
Staff Signature / Soc Olford Date Inmate Received 3/23/12	