


RECEIVED-FPSC

11 SEP -1 AM 8:33

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <u>w/docked</u> <u>DN 01566-09</u></p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>8/22/11</u></p>
<p>BRITA D STRANDBERG ESQ HARRIS WILTSHIRE & GRANNIS LLP 1200 18TH ST NW WASHINGTON DC 20036</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 3410 0002 4112 6686</p> <p style="text-align: center;">Domestic Return Receipt 102505-02-M-1540</p>

DOCUMENT NUMBER-DATE

06301 SEP -1 =

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