

RECEIVED-FPSC

13 NOV 19 AM 9:44

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by, <i>[Signature]</i> Printed Name: C. Date of Delivery</p>
1. Article Addressed to: <b>090538-TP</b> <b>DNS 01733-12; 01735-12;</b> <b>01737-12</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<p><b>PHILIP J MACRES ESQUIRE</b> <b>BINGHAM MCCUTCHEN LLP</b> <b>2020 K ST NW</b> <b>WASHINGTON DC 20006-1806</b></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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7011 3500 0001 5979 4042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540