

RECEIVED-FPSC  
 2017 SEP -5 AM 9:06  
 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 <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><i>20160079-TX</i>  <i>01882-2014</i></p> <p>Marashlian &amp; Donahue, PLLC              Michael P. Donahue              1420 Spring Hill Road, Suite 401              McLean, VA 22102</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>MARASHLIAN</i> <i>9/11</i></p>
<p>2. Air Mail (if applicable)</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>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7015 1520 0002 5520 3369</p> <p>Domestic Return Receipt 102595-02-M-1540</p>