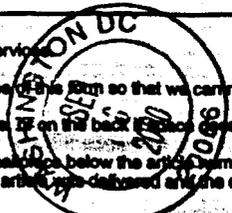


Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece. If on the back, postage does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.



I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert Schwaminger  
1835 K Street, N.W.  
Suite 650  
Washington, DC 20006

00-156  
08-23-00

4a. Article Number

P 068 702 331

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

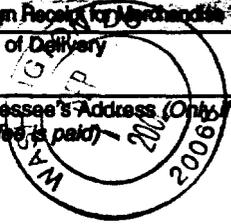
5. Received By: (Print Name)

Robert Schwaminger

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Robert Schwaminger*



PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 068 702 331

08-23-00



**Receipt for Certified Mail**

00-156

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to		Robert Schwaminger
Street and No.		1835 K Street, N.W.
P.O., State and ZIP Code		Washington, DC 20006
Postage		\$ 5.50
Certified Fee		1.40
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		1-25
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$3.70
Postmaster	Date	1 25 00

PS Form 3800, June 1991

