SENDER *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to: 1-16-02

* 01-99
Albert H. Kramer
Joel Kleinmann
Dickstein, Shaprio, Morin, Oshinsky
2101 L Street, N.W.
Washington, DC 20037-1526

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [signature] B. Date of Delivery

C. Signature X [signature] ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 0023 8169 0583

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7000 0600 0023 8169 0583

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	$ 57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here
HAMPTON PK FINLAND CAPITAL HGTS 01-99 16-02
JAN 25 2002
MD-USPS-20791

Name (Please Print Clearly) (to be completed by mailer)
Albert H. Kramer
Street, Apt. No.; or PO Box No.
2101 L Street, N.W.
City, State, ZIP+4
Washington, DC 20037-1526

[illegible] July 1999 See Reverse for Instructions