

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-CR

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Me B. Date of Delivery 1/25/02

C. Signature [Signature] Agent Addressee

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

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

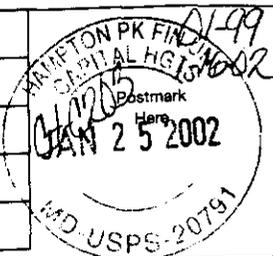
4. Restricted Delivery? (Extra Fee) Yes

E950 6919 E200 0090 0007

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

Article Sent To:

Postage	\$ <u>57</u>
Certified Fee	<u>2.10</u>
Return Receipt Fee (Endorsement Required)	<u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.17</u>



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