SENDER COMPLE[redacted] [redacted]ON ON DELIVERY

- 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: 7460R

* 02-28
David L. Hill, Audrey P. Rasmussen
Hall, Estill, Hardwick, Gable,
Golden & Nelson, P.C.
1120 20th Street, N.W.
Suite 700 North Building
Washington, DC 20036-3406

A. Received by *(Please Print Clearly)* B. Date of Delivery July 25

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 0711 1015

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