

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **S. DAVIS** B. Date of Delivery **JUL 14 2004**

C. Signature **S. Davis** Agent Addressee

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

1. Article Addressed to:

*** RM-1103**
Stanley Neustadt, Esq.
Cohn & Marks
1333 New Hampshire Ave. N.W.
Suite 600
Washington, DC 20036

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)
7002 0510 0003 8378 2714

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

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

7002 0510 0003 8378 2714

Postage	\$ 37
Certified Fee	2.00
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here
JUL 13 2004
 HAMPTON PK FIN UNIV CAPITAL HGT MD-USPS-20791

Sent To: **Stanley Neustadt**
 Street, Apt. No. or PO Box No.: **1333 New Hampshire Ave NW**
 City, State, ZIP+4: **Washington DC 20036**

PS Form 3800 January 2001 See Reverse for Instructions