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:
* 04-[illegible]

Cary S. Tepper
Counsel for Piscataway Board of Education
Booth Freret Imlay & Tepper, PC
7900 Wisconsin Ave.
Suite 304
Bethesda, MD 20814

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

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

APR 17 2004

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label)
7002-0510-0003-8378-2790

S 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)

OFFICIAL USE

Postage	$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.45
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.42

HAMPTON PARK MD 20[illegible] 303
Postmark
APR 15 2004
USPS

Sent To: CARY S. TEPPER
Street, Apt. No., or PO Box No.: 7900 WISCONSIN AVE #304
City, State, ZIP+4: BETHESDA, MD. 20814

7002 0510 0003 8378 2790