

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:

Kenneth S. Komoroski
 Kirkpatrick & Lockhart
 Henry Oliver Building
 535 Smithfield Street
 Pittsburg, PA 15222-2312

2. Article Number

(Transfer from service label)

7001 0320 0005 8932 9119

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

EPCRA-05-2007-0002

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**

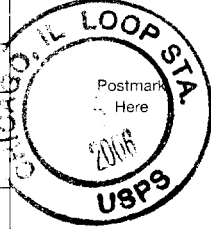
(Domestic Mail Only; No Insurance Coverage Provided)

Sonja Brooks-Woodard E-13J

EPCRA-05-2007-0002

7001 0320 0005 8932 9119

Postage	\$ 87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 512



Sent To: Kenneth S. Komoroski
 Kirkpatrick & Lockhart
 Street, Apt. No.; or PO Box No.: Henry Oliver Building
 City, State, ZIP+4: 535 Smithfield Street
 Pittsburg, PA 15222-2312

PS Form 3800, January 2001

See Reverse for Instructions