SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece,</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  8/3/09  C. Signature  Addressee
Christopher B. Congeni Counsel for the Respondent Brennan, Manna, and Diamond, Licelon 75 East Market Akron, OH 44308	
CWA-05-2009-0009	☐ Insured Maii ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320 0006 0188 0918	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	