

**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:

Robert S. Melvin, Esq.  
Lauren M. Vinokur  
Robinson & Cole LLP  
280 Trumbull Street  
Hartford, CT 06103-3597  
Docket No. CWA-01-2010-0079

2. Article Number  
(Transfer from service label)

7010 1670 0000 2319 2962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *David W. Cole*

Agent

Addressee

B. Received by (Printed Name)

*David W. Cole*

C. Date of Delivery

*4/14/11*

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