

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:

David B. Van Slyke, Esq.
Sigmund D. Schutz, Esq.
One City Center
P.O. Box 9546
Portland, ME 04112-9546
Docket No. TS CA-01-2011-0037

2. Article Number
(Transfer from service label)

7010 0290 0000 5810 4610

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *[Signature]* Addressee

B. Received by (Printed Name) C. Date of Delivery

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

