

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:

**Kevin M. Tierney, Esq.
Johanson Berenson LLP
1146 Walker Road, Suite C
Great Falls, VA 22066-1838**

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X [Signature] Addressee
- B. Received by (Printed Name) C. Date of Delivery
9-28-12
- D. Is delivery address different from item 1? Yes
YES, enter delivery address below: No

Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 2970 0000 0880 7495