

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 5.12 109

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery (Endorsement Required)

Total Postage & F

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

William C. Carter, Esq.
Musick, Peeler & Garrett, LLP
One Wilshire Blvd., Suite 2000
Los Angeles, CA 90017

DOCKET NO.: CAA-08-2009-0013

PS Form 3811, August 2008 Use Reverse for PSN 7510-110

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:

William C. Carter, Esq.
Musick, Peeler & Garrett, LLP
One Wilshire Blvd., Suite 2000
Los Angeles, CA 90017

DOCKET NO.: CAA-08-2009-0013

2. Article Number 7008 3230 0003 0731 4443
(Transfer from Service Label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Name] C. Date of Delivery 5/12/09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

PS Form 3811, February 2004 Domestic Return Receipt 102510-02-M-1040