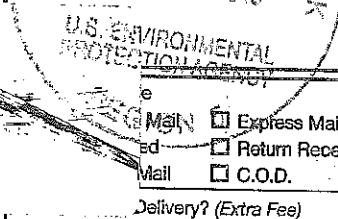


| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X <i>K. Carle</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: | B. Received by (Printed Name) | C. Date of Delivery |
| Don J. Patterson, Attorney Beveridge & Diamond, P.C. 1350 I Street, NW, Suite 700 Washington, DC 20005 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) |  | |
| PS Form 3811, February 2004 | 7011 1150 0000 2641 0957 Domestic Return Receipt | |

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 77 W. Jackson Blvd.
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CBCL LA-05-2015-0005
EPCRA-05-2015-0018
KM-05-2015-0003

