SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  3. Service Type  C. Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
Kenneth J. Albano, Esq. Bacon Wilson, P.C. 33 State St. Springfield, MA 01103	
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