

VMP TRAINING INC.

CAA 19-05C

**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.

1. Article Addressed to:

Adam M. Kushner  
 Hogan Lovells US LLP  
 Columbia Square  
 555 Thirteenth Street, NW  
 Washington DC 20004

A. Signature

*x Delia Bennett*

- Agent
- Addressee

B. Received by (Printed Name)

*Delia Bennett*

C. Date of Delivery

*9/27*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service label)

7008 3230 0000 9476 7156