PS Form 3811, February 2004 Domest	tic Return Receipt 102595-02-M-1540
Article Number (Transfer from service label)	05 2570 0001 5425 7635
	4. Restricted Delivery? (Extra Fee)
	☐ Insured Mail ☐ C.O.D.
Washington, DC 20036	Certified Mail Express Mail Registered Receipt for Merchandise
SUITE 1000	3. Service Type
1025 CONNECTICUT AVENUE, NW	
VERDANT LAW, PLLC	
PHILIP A. MOFFAT, ESQ.	ğ w HZ
1. Article Addressed to:	If YES, enter deliver address below.
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.	B. Received by (Printed Name) C. Date of Delivery  2//3//2  D. Is delivery address different from item 17 2 Yes
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Agent Addressee
■ Complete items 1, 2, and 3. Also complete	A. Signature
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
NEW CINGULAR WILEUS	S EFCRA-HO-2007-600D