 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. 	B. Hecelvet by (Printed Name) D. Is deliver address different from item 1? Yes If YES, enter deliver address tow: No 3. Service Type Certified Mail Express Mail
1. Article Addressed to:	
Adam M. Kushner Hogan Lovells US LLP Columbia Square 555 Thirteenth Street, NW Washington DC 20004	
2. Article Number	Registered Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes