

TOWN of Newmarket

MPLES 12-05

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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- 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>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received By (Printed Name) <i>J. Scott</i>	C. Date of Delivery

1. Article Addressed to:

John C. Hall
 1620 I Street, NW
 Suite 701
 Washington, DC 20006



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

JAN 24 2014

- Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
- (Extra Fee)* Yes

2. Article Number
(Transfer from service label) 7003 1680 0000 5220 1816