

7008 3230 0003 0726 3406

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE** CA/FO

Postage	\$	10/22/13
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Pk **Seth Bruckner, Senior Regulatory Compliance  
Attorney**

Sent To **United Parce Service - Corp. Legal Dept.**

Street, Ap or PO Box **55 Glenlake Parkway, NE**

City, State **Atlanta, GA 30328**

**SDWA-08-2013-0050**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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: **OCT 23 2013**

**Seth Bruckner, Senior Regulatory Compliance  
Attorney**

**United Parce Service - Corp. Legal Dept.**

55 Glenlake Parkway, NE  
Atlanta, GA 30328

**SDWA-08-2013-0050**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X **[Signature]**  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **10-28**

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

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7008 3230 0003 0726 3406** CA/FO

(Transfer from service label)