

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:

Michael J. Quinn
100 Market St., Suite 301
Portsmouth, NH 03801
Docket No. CWA-01-2009-0083

2. Article Number
(Transfer from service label)

7008 1830 0002 8344 9252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Carberry

Agent

Addressee

B. Received by (Printed Name)

M. Carberry

C. Date of Delivery

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

JAN 13 2010

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes