

**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:

David B. Losee  
Halloran & Sage LLP  
One Goodwin Square  
225 Asylum Street  
Hartford, CT 06103

2. Article Number  
(Transfer from service label)

7008 1140 0002 9708 1299

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *David B. Losee*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*David B. Losee* 12-30-09

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes