

SENDER: COMPLETE THIS SECTION		POST OFFICE: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <b>Dr. Michael</b></p> <p>B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p><b>Mr. Michael T. Scanlon Baines &amp; Thurnburg LLP Attorney at Law 11 South Meridian St. Indianapolis, Indiana</b></p>		<p>C. Signature <b>X</b> <b>Dr. Michael</b></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, enter delivery address below:</p> <p><b>AUG 2 2010</b></p> <p><b>INDIANAPOLIS, IN</b></p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Num (Transfer fro)       7009   1680 0000 7667 4300</p>			
PS Form 3811, March 2001		Domestic Return Receipt	
		102565-01-M-1424	

CAA-05-2010-0053