| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| 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. Received by (Please Print Clearly) Chrish pher Redified 5/26/p C. Signature X. Chrish bechford Agent Addressee |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Arent Fox LLP/ Attorney at Law 1050 Connecticut Avenue, NW | PEGEIVED |
| Washington, D.C. 20036-5339 | 3. Service Type 2010 ID Certified Mail |
| 7I7RA-05-2010-0023 | 4. Restricted Delivery (Exity Fee) Yes |
| 2. Article Number (Transfer from service label) 7007 1680 0000 7667 2542 | |
| PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 | |