

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. Signature <input checked="" type="checkbox"/> <i>B. Goode</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
	B. Received by (Printed Name) <i>B. Goode</i>	C. Date of Delivery <i>12/24</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Michael Dunning Perkins Coie LLP 1201 Third Avenue, Suite 4900 Seattle, WA 98101-3099</p> </div>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 7012 3460 0001 6397 1189 </div>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540