

**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:

Daniel K. DeWitt, Attorney  
 Warner Norcross & Judd LLP  
 900 Fifth Third Center  
 111 Lyon Street, N.W.  
 Grand Rapids, MI 49503-2487

2. Article Number  
 (Transfer from service label) **7001 0320 0006 1454 1868**

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Jason J. Bennett* B. Date of Delivery

C. Signature *Jason J. Bennett*  Agent  Addressee

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

**FEB 18 2008**

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

4. Restricted Delivery? (Extra Fee)  Yes

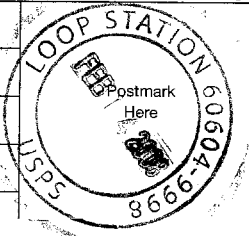
**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

998T 1868  
 1454  
 9000  
 0320  
 7001

*CP 2004-05-2005-0003*  
*EP 2004-05-2005-0006 MR 05-2005-0002*

Postage	\$ 137
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	3.25
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>6.17</b>



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Reverse for Instructions