

**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. Signature

X

Agent

Addressee

B. Received by (Printed Name)

*Prof. Inglis*

C. Date of Delivery

*4/9/12*

1. Article Addressed to:

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

**Stephen Hutchings, Esquire  
Birch Horton Bittner and Cherot  
1127 West 7th Avenue  
Anchorage, AK 99501**

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
(Transfer from service label)

7010 1060 0002 0288 3017