

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:

Gregory H. Smith
100 Market St., Suite 301
Portsmouth, NH 03801
Docket No. CWA-01-2009-0083

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
W. Carbery Addressee
- B. Received by (Printed Name) Date of Delivery
W. Carbery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

JAN 13 2010

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)
PS Form 3811, August 2001

7001 2510 0008 9368 9126
Domestic Return Receipt

102595-02-M-0835