

**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:

**Kevin M. Tierney**  
**Berenson LLP**  
**1146 Walker Road, Suite C**  
**Great Falls, VA 22066-1838**

2. Article Number  
(Transfer from service label)

7008 1830 0003 5432 6703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *K. Tierney*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-27-14

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes