

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:

David B. Losee
Halloran & Sage LLP
One Goodwin Square
225 Asylum Street
Hartford, CT 06103

2. Article Number
(Transfer from service label)

7008 1140 0002 9708 1299

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 David B. Losee Addressee
- B. Received by (Printed Name) C. Date of Delivery
David B. Losee 12-30-09
- 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

Domestic Return Receipt *TSCA-01-2009-0050* 102595-02-M-1540