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.	A. Signature  X.   Agent  Address  B. Received by (Printer Name)  C. Date of Delive
Attach this card to the back of the mailpiece, or on the front if space permits.	( GOSTICK &
. Article Addressed to:	D. Is delivery address different from Item 1?
Carol F. McCabe Manko, Gold, Katcher & Fox, LLP	TED 2 'X COM
401 City Avenue, Suite 500 Bala Cynwyd, PA 19004 Docket No. CAA-01-2010-0061	3. Service Type  Certified Mail  Registered Return Receipt for Merchandis  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7010 0290	0 0000 5810 4665