

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">██████████</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Michael A. Leon  Brent M. McDonald  Nutter McClennen &amp; Fish LLP  155 Seaport Boulevard  Boston, MA 02210-2604  Docket No. CWA-01-2011-0020</p> </div>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 0290 0000 5810 8861</p>	

