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|--|--|--|---------------------------------------|
| 2. Article Number | | COMPLETE THIS SECTION ON DELIVERY | |
|  71054522644900356195 | | A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Office Of Douglas R. Burgess, LLC. c/o Douglas R. Burgess, Esq. 480 West Ridge Road 2nd Floor Rochester, NY 14615 <i>1:07cv97-WKW</i> | | B. Received by (Printed Name) <i>WEISBECK</i> | C. Date of Delivery <i>2-12-07</i> |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

PS Form 3811

Domestic Return Receipt

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|---|--|---|---------------------------------------|
| 2. Article Number | | COMPLETE THIS SECTION ON DELIVERY | |
|  71054522644900356096 | | A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Douglas R. Burgess, Esq. 480 West Ridge Road 2nd Floor Rochester, NY 14615 | | B. Received by (Printed Name) <i>WEISBECK</i> | C. Date of Delivery <i>2-12-07</i> |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No <i>1:07cv97</i> | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

PS Form 3811

Domestic Return Receipt