



| 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<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b> <i>[Signature]</i></p>  |  |
| <p>1. Article Addressed to:</p> <p><i>Brigham D. Bowen<br/>US Dept of Justice<br/>Civil Division /FPB<br/>PO Box 883<br/>Washington DC<br/>20044</i></p>   | <p>B. Received by (Printed Name)</p>   | <p>C. Date of Delivery</p> <p><i>SEP 24 2009</i></p> |
| <p>2. Article Number<br/><i>(Transfer from service label)</i></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>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<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>7009 0080 0001 4821 6352</p>  |  |  |
| <p>PS Form 3811, February 2004</p>   |  | <p>Domestic Return Receipt 102595-02-M-1540</p>      |