

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:

STEVEN J. ROSENBAUM
 COVINGTON & BURLING CLP
 ONE CITY CENTER
 850 TENTH STREET
 WASHINGTON, DC 20001

2. Article Number

(Transfer from service label)

7014 1200 0000 9093 6729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-PS40

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

Lawrence Sayles

B. Received by (Printed Name)

Lawrence Sayles

C. Date of Delivery

3-9-17

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes
 No

3. Service Type

Certified Mail
 Registered
 Insured Mail

Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes