

EXHIBIT B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Jill T. Nagamine</i> <i>Deputy Attorney General</i> <i>State of Hawaii</i> <i>465 South King Street Room 200</i> <i>Honolulu HI, 96813</i>	B. Received by (Printed Name) <i>A. [Signature]</i> C. Date of Delivery <i>7/11/11</i>
2. Article Number (Transfer from service label) 7010 3670 0003 3995 0988	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	102595-02-M-1540

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1. Article Addressed to: <i>Attorney General</i> <i>of HI</i> <i>485 South King Str</i> <i>Room 200</i> <i>Honolulu, HI</i> <i>96813</i>	B. Received by (Printed Name) <i>Dane Smith</i> C. Date of Delivery <i>7/12/11</i>
2. Article Number (Transfer from service label) 7008 3230 0001 8413 5124	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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