

03CV 786 (ADS) #98

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U S DISTRICT COURT E.D.N.Y

★ OCT 06 2009 ★

LONG ISLAND OFFICE

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Debra J. Carter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Receiver's Name <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>James M. Maloney</i> <i>33 Bayview Avenue</i> <i>Port Washington NY</i> <i>11050</i></p>	<p>D. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>YES, enter delivery address below:</small></p> <p>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.</p>
<p>2. Article (Transit)</p>	<p><input type="checkbox"/> Yes</p>

