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:

Eric M. Martin
(b) (7)(C)

COMPLETE THIS SECTION ON DELIVERY

(b) (7)(C)

☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery 8-16-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

(b) (7)(C)

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7009 2820 0003 5155 6256

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

EXHIBIT 2 Eric Martin
PENGAD 800-631-6989