<table>
<thead>
<tr>
<th>SENDER: COMPLETE THIS SECTION</th>
<th>COMPLETE THIS SECTION ON DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</td>
<td></td>
</tr>
<tr>
<td>□ Print your name and address on the reverse so that we can return the card to you.</td>
<td></td>
</tr>
<tr>
<td>□ Attach this card to the back of the mail piece, or on the front if space permits.</td>
<td></td>
</tr>
</tbody>
</table>

1. Article Addressed to: John Bickford (b) (7)(C)

<table>
<thead>
<tr>
<th>A. Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) (7)(C)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Received by (Printed Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) (7)(C)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Date of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/13/10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Is delivery address different from Item 1?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

2. Article Number (transfer from service label) 7008 3330 0001 1953 0777

<table>
<thead>
<tr>
<th>3. Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Certified Mail</td>
</tr>
<tr>
<td>□ Express Mail</td>
</tr>
<tr>
<td>□ Registered</td>
</tr>
<tr>
<td>□ Return Receipt for Merchandise</td>
</tr>
<tr>
<td>□ Insured Mail</td>
</tr>
<tr>
<td>□ C.O.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Restricted Delivery? (Extra Fee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
</tbody>
</table>

Form 3811, February 2004
Domestic Return Receipt
10585-32-M-1643
EXHIBIT Bickford 2