

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: 12/19/13 B.M.
PCB 2014-042 & PCB 2014-043 ✓
Kathryn Tronsberg Macciocca
Duff & Phelps
2000 Market Street
Suite 2700
Philadelphia, PA 19103

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 6128

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/24

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540