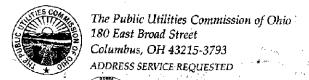
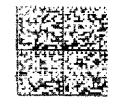
GENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
mplete items 1, 2, and 3. Also complete and 4 if Restricted Delivery is desired. If the stricted Delivery is desired. If the two can return the card to you. If the two can return the back of the mailpiece, on the front if space permits.	A. Signature X Agent Addressee
	B. Received by (Printed Name) C. Date of Delivery
1, Malicle Addressed to:	D. Is delivery address different from item 1?
KEL , DRYE & WARREN LLP	
20 NINETEENTH STREET, N.W	•
SUITE 500	3, Service Type
WASHINGTON, DC 20036	Certified Malt
05-685-TR-CUF	4. Restricted Delivery? (Extra Fee)
OP GODEN K-CAL	
2. Article Number (Mansfer from service label) 7007 026	20 0000 2275 1472







Seien Franz 43215 US POSTAGE



FORWARDING (1): KELLY, DRYE & WARREN LLP
1200 NINETEENTH STREET, N.W.
SHITE 500
20036

SECTIVED-DOCKETON