

**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:

Joe Lieberman  
One Constitution Plaza  
7th Floor  
Hartford, CT 06103

2. Article Number

(Transfer from service label)

7005 1160 0003 0995 4921

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Ezra Lindee 9.6.05

C. Signature

X

Ezra Lindee

Agent

Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

**RECEIVED**

09-08-05 JF

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes