

- 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.

A. Signature
 X *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name): *[Handwritten Name]* C. Date of Delivery *[Handwritten Date]*

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

Exhibit
2

1. Article Addressed to:
 DEPT. OF VETERANS AFFAIRS
 PHILADELPHIA REG. OFFICE
 PO BOX 8019
 PHILADELPHIA, PA 19101

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) 7010 0780 0001 1498 2402