

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: Jeanne Paul Service Center Manager Department of Vet. Affairs Philadelphia Regional Office P.O. Box 8079 Philadelphia, PA 19101</p> | | <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> | |
| <p>2. Article Number (Transfer from service label) 7013 2250 0000 6107 3036</p> | | <p>D. Is delivery address different from item 17 <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No 2014 OCT 14 P 5:16</p> | |
| <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p> | | | |

Exhibit
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