

Exhibit C


| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |  |   |  |   |  |  |   |   |  |  |   |   |
|--|--|--|---|--|---|--|--|---|---|--|--|---|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee<br/> <i>X K. Burdeman</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery<br/> <u>7-31-20</u></p>   |  |   |  |   |  |  |   |   |  |  |   |   |
| <p>1. Article Addressed to:</p> <p>810 Vermont Ave,<br/> NW, Washington<br/> D.C. 20420</p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |   |  |   |  |  |   |   |  |  |   |   |
| <br>9590 9402 5483 9249 9167 85   | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail® Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Insured Mail® Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®  |  |   |  |   |  |  |   |   |  |  |   |   |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™  |  |   |  |   |  |  |   |   |  |  |   |   |
| <input type="checkbox"/> Certified Mail®   | <input type="checkbox"/> Registered Mail Restricted Delivery   |  |   |  |   |  |  |   |   |  |  |   |   |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise  |  |   |  |   |  |  |   |   |  |  |   |   |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation™   |  |   |  |   |  |  |   |   |  |  |   |   |
| <input type="checkbox"/> Insured Mail® Delivery Restricted Delivery  | <input type="checkbox"/> Signature Confirmation Restricted Delivery  |  |   |  |   |  |  |   |   |  |  |   |   |
| <p>2. Article Number (Transfer from previous label)</p> <p>7018 1130 0000 4508 5012</p>  | <p>Restricted Delivery</p>   |  |   |  |   |  |  |   |   |  |  |   |   |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>  | <p>Domestic Return Receipt</p>   |  |   |  |   |  |  |   |   |  |  |   |   |

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