

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px;"> <p>National Governors Association              c/o Dan Crippen, Executive Director              444 N. Capitol Street, Suite 267              Washington, DC 20001-1512</p> </div>	B. Received by (Printed Name) <i>McCbird</i>	C. Date of Delivery <i>11-12-13</i>
2. Article Number (Transfer from service label) <i>7011 2970 0000 2445 4932</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px;"> <p>National Assoc. of Attorneys General              c/o James McPherson, Exec. Director              2030 M Street NW, 8th Floor              Washington, DC 20036</p> </div>	B. Received by (Printed Name) <i>Brandigreen</i>	C. Date of Delivery <i>11-8-12</i>
2. Article Number (Transfer from service label) <i>7011 2970 0000 2445 4956</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px;"> <p>National Conf. of State Legislatures              c/o William T. Pound, Exec. Director              444 North Capitol Street NW, Ste 515              Washington, DC 20001</p> </div>	B. Received by (Printed Name) <i>McClos</i>	C. Date of Delivery <i>11-13-12</i>
2. Article Number (Transfer from service label) <i>7011 2970 0000 2445 4949</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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