



EV 748506563 US

Customer Copy  
Label 11-F, April 2004



Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code 94128	Day of Delivery 10/28 <input type="checkbox"/> Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Day	Postage \$	Return Receipt Fee \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date Accepted 10/23/10	Scheduled Date of Delivery Month Day 10 28	Return Receipt Fee \$	COD Fee \$	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time Accepted 2:34 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Insurance Fee \$	Total Postage & Fees \$	Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	Acceptance Emp. Initials 98.7	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
1 lbs. 5 ozs.				Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	



CUSTOMER USE ONLY		FEDERAL AGENCY ACCT. NO. OR POSTAL SERVICE ACCT. NO.	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X940537 33		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) WILSON, SONSINI GOODRICH & ROSATI 650 PAGE MILL RD PALO ALTO CA 94304-1001	PHONE (650) 493 9300	TO: (PLEASE PRINT) COMMISSIONER OF PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450	PHONE ( )

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