

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: right; margin-right: 20px;">SEP 28 2007 B</div> <p>Mr. Robert D. Broderick Registered Agent United Power Inc. 500 Cooperative Way Brighton, Colorado 80603</p> <p style="text-align: right; margin-right: 20px;">EX-L</p> <p>TSCA-08-2007-0014</p>	B. Received by (Printed Name) <i>G. Nimm</i>	C. Date of Delivery <i>01/20/07</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
7005 1820 0005 4856 5181		