

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **JAN - 3 2012**

Veronica Polidori
1889 E. Fairway Drive
Fort Mohave, AZ 86426-8831

2. Article Number
(Transfer from service label) **7009 3410 0000 2597 4144**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kim Hammond* Agent Addressee

B. Received by (Printed Name) *Kim Hammond* C. Date of Delivery **JAN 10 2012**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to: **DEC 15 2011**

Polidori Corporation, Inc.
5890 Highway 95, Suite A
Fort Mohave, AZ 86426

2. Article Number
(Transfer from service label) **7009 3410 0000 2597 5110**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kimberly Hammond* Agent Addressee

B. Received by (Printed Name) *Kimberly Hammond* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to: **JAN - 3 2012**

Poli-Gold, L.L.C.
5890 Highway 95, Suite A
Fort Mohave, AZ 86426

2. Article Number
(Transfer from service label) **7009 3410 0000 2597 4151**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kimberly Hammond* Agent Addressee

B. Received by (Printed Name) *Kim Hammond* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes