SDWA-06-2012-1104	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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  A. Signature  Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery  12-14-11
Mr. Charles E. Gross, III Service Clearing Corporation 10247 Better Drive Dallas, TX 75229-6206	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 0 0 5 1 8	20 0003 7453 9882
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	