

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: DOCA CWA 08 2007 0018

Ct Corporation System
c/o Registered Agent
17 N. Front Street
Cascade, MT 59421

SEP 10 2007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Colleen Gray

Agent

Addressee

B. Received by (Printed Name)

Colleen Gray

C. Date of Delivery

9-12-07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

8ENE-W-ND 9

7003 2260 0001 7778 3157

SEP 11 / 2007