

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>Sandra Mohr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Sandra Mohr</i>	C. Date of Delivery <i>10/27/0</i>
<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> <p>OCT 25 2010</p> <p>CT Corporation System, Registered Agent for Apollo, Inc. 401 N. 31st St., Suite 1650 Billings, MT 59103-7054</p> </div>	address different from item 1? <input type="checkbox"/> Yes other delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type <input checked="" 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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7005 0390 0000 4845 6566 </div>	102595-02-M-1540

SDWA-08-2011-0003