

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <i>x Monika Kief</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <i>ENC-L</i></p> <p><b>Kief-Riddell Partnership</b>  <b>Monika Kief, Mng. General</b>  <b>630 W. Lakeside Dr.</b>  <b>Fullerton, CA 92635-1511</b></p> <p><b>SEP 26 2007</b></p>	<p>B. Received by (Printed Name)  <i>MONIKA KIEF</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address identical from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below <input type="checkbox"/> No</p> <p><i>FSCA-08-2007-0001</i></p> 
<p>2. Article Number  (Transfer from service list)</p>	<p>3. Service Type</p> <p><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.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 1820 0005 4855 5069</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>