

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Print name and address on the reverse side. We can return the card to you. Attach this card to the back of the mailpiece, front if space permits.

Addressed to:

ling, Esq.
igation Attorney

Innovation Center Office
g Cloud Drive
rie, MN 55344

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Langseth*

Agent

Addressee

B. Received by (Printed Name)

S. LANGSETH

C. Date of Delivery

2-2-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

Number

(from service label)

7011 0470 0002 9128 2123

11, July 2013

Domestic Return Receipt