

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:

CWA - 67-2011-0085

Allen R. Montgomery
 President
 JIM Pipe Services
 7807 Lake Drive
 Jino Lakes, MN 55014-1135

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melissa Fowler

Agent
 Addressee

B. Received by (Print Name)

Melissa Fowler

Date of Delivery

10-3-11

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 G.O.D.

4. Restricted Delivery? (Extra Fee)

7004 2510 0006 9725 6217

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102996-02-00-1540