

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"/> Sara Garcia <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: APR 24 2013	B. Received by (Printed Name) Sara Garcia	C. Date of Delivery 4-26-13
United States Corporation Agents, Inc. Registered Agent, MMR LLC 1623 Central Avenue, Suite 18 Cheyenne, WY 82001 SDWA-08-2013-0019 RSGR KOA D	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	7008 3230 0003 0725 3650 Domestic Return Receipt 102595-02-M-1540