

| 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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Fred J. Schlanser, Jr. Registered Agent for Master Construction Co., Inc. 1572 45 th St. NW P.O. Box 788 Fargo, NC 58107-0788 | B. Received by (Printed Name) Fred Schlanser | C. Date of Delivery DEC 10 2009 |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes delivery address below: <input checked="" 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

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| 1. Article Addressed to: Duane Baumgart General Superintendent Master Construction Co., Inc. 1572 45 th Street NW Fargo, ND 58102 | B. Received by (Printed Name) Danielle Ross | C. Date of Delivery 12-14-09 |
| | 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |