	Processing control of the second section of the second
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV
 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 malipiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	If YES, enter delivery address below:
Mr. Kelly Husch, Registered Agent Husch & Husch, Inc.	PO BOX 160
8031 Branch Road Harrah, WA 98933	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service 7010 2780 00 PS Form 3811, February 2004 Domestic Re	100 2178 6104 turn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X DUYNUU
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) Deathice Lovell
1. Article Addressed to:	D. Is delivery address different from item if YES, enter delivery address below:

Ms. Cathleen Lovell C.I. Lovell, Inc. 12585 Progressive Road Harrah, WA 98933

0000 7954 1325

(Transfer from service lab PS Form 3811, February 2004

2. Article Number

Domestic Return Receipt

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