

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:

**Jeff Arntson, Vice President
Albina Fuel
801 Main St.
Vancouver, WA 98660**

2. Article Number
(Transfer from service label)

7013 1710 0002 3980 0983

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Denise Smith

Agent
 Addressee

B. Received by (Printed Name)

Denise Smith

C. Date of Delivery

7/28/04

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540