

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:

Paul L. Arrington, Esq., Registered Agent
Omega Point Productions, LLC
195 River Vista Place, Suite 204
Twin Falls, Idaho 83301

2. Article Number
(Transfer from service label)

7014 1200 0001 4320 8179

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jessica Nielson

- Agent
 Addressee

B. Received by (Printed Name)

Jessica Nielson

C. Date of Delivery

2/23/15

D. Is delivery address different from item 1?

- Yes

If YES, enter delivery address below:

- No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- Yes