

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 8615 0147

8/30/05 OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

Sent To *Global Seafoods*  
 Street, Apt. No.; or PO Box No. *11100 NE 8th St.*  
 City, State, ZIP+4 *Bellevue, WA 98004*

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly) <i>J. Hennessey</i>	B. Date of Delivery <i>09/01/05</i>
1. <i>Oleg Nikitenko</i> <i>Global Seafoods North America, LLC</i> <i>11100 NE 8th Street, Suite 310</i> <i>Bellevue, WA 98004</i>		C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Description [Redacted]		D. Is delivery address different from item 1? (If "Yes," enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Article Number [Redacted]		Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt	

RECEIVED  
 SEP 2 10 10:30  
 MAIL CLERK  
 REGION 10

7001 2510 0006 8615 0147 CWA-10-05-0202