

First-Class Mall Postage & Fees Paid USPS Permit No. G-10

102595-02-M-1540 }

S Form 3811, February 2004

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Docket #SDWA-08-2014-0007

ENDER: 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 mailpiede, or on the front if space permits. Article Addressed to: FEB 0 4 2014 HCD Registered Agents, LLC	A. Signature Agent Addressee Addressee Addressee B. Beceived by (Printed Name) C. Date of Delivery C. Date of Delivery Agent Addressee Addressee Addressee Agent Addressee Addresse
Registered Agent, Hoback Stores	3. Service Type
P.O. Box 449	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
Jackson, WY 83001	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
0.00	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008 33	230 0003 0725 5951

Domestic Return Receipt