■ 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:  #*SDWA-08-J0/4-0009  ① 3-125/13  Mr. Brent Berg, Acting President	A. Signature  X
Cameco Resources	3. Service Type
2020 Carey Ave., Suite 600	☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise
Cheyenne, WY 82001	☐ insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7008	3230 0003 0724 4887
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540
	1 H 1  1
APR 0 STATES DOSTAL SERVICE  CHOCOMBINITION OF THE COMBINITION OF THE	First-Class Mail Postage & Fees Paid USPS Permit No. G-10