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Central Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

1  
 Allied Energy, Inc.  
 109 Industrial Park  
 Edgeley, ND 58433-7143  
 CAA 08-2010-0023

PS Form 3811, August 2008 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>	<p>A. Signature                  X <i>Shelly Anderson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Shelly Anderson</i> C. Date of Delivery <i>10-12-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>OCT 1 2010</i></p> <p>Allied Energy, Inc.                  109 Industrial Park                  Edgeley, ND 58433-7143</p> <p><i>CAA-08-2010-0023</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label) <b>7008 1830 0000 5154 4028</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>	<p>101016-02-00-1040</p>