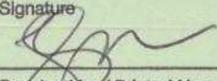


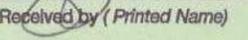
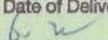
SENDER: COMPLETE THIS SECTION

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, on the front if space permits.

Article Addressed to:
Doug Wells
Wakulurak LLC
1502 - 14th Ave. NW
Seattle, WA 98107

COMPLETE THIS SECTION ON DELIVERY

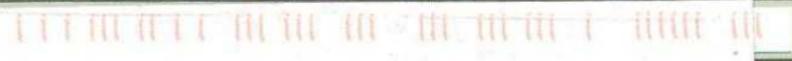
A. Signature
X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



102595-02-M-1540