

SENDER: COMPLETE THIS SECTION

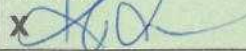
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beth Ginsberg, Attorney
STOEL RIVES LLP
600 University Street, Suite 3600
Seattle, WA 98101

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
 Addressee

B. Received by (Printed Name)

Kyle Beaman

C. Date of Delivery

9/15/14

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

Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7013 1710 0002 3980 3106