

## 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: **AUG 04 2008**

CT Corporation System  
Registered Agent  
Statewide Services, Inc.  
1720 Carey Ave.  
Cheyenne, WY 82001

End-w  
Docketed **SPWA-08-2008-0084** **5**

2. Article Number

(Transfer from service label)

**7005 0390 0000 4848 4019**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*A. Slovik*☐ Agent☐ Addressee

B. Received by (Printed Name)

*A. Slovik*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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