

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
 Docket # SPWA-08-2008-0084

2. Article Number
 (Transfer from service label)

7005 0390 0000 4848 4019

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? 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