

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>SEP 25 2007</u> <input type="checkbox"/> Agent <u>PROVIDOR LAPRIZ</u> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <u>SEP 25 2007</u></p>
<p>1. Article Addressed to: <u>EMM-L SEP 25 2007</u></p> <p>Guy Zwahlen 45 W. Louise Avenue Salt Lake City, UT 84115</p> <p><u>CAA-09-2007-6004</u> <u>5</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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 (Detach from back) <u>7005 1820 0005 4855 5194</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10025-02-00-1040</p>	