

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><b>X</b> <i>Murray MA</i> <span style="float: right;"><input checked="" type="checkbox"/> Addressee</span></p>  |
| <p>1. Article Addressed to:<br/><i>CERCLA-07-2011-0002</i></p> <p>Bret Randall<br/>Durham Jones &amp; Pinegar P.C.<br/>111 East Broadway, Suite 900<br/>Salt Lake City, Utah 84111</p>   | <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p>   |
| <p>2. <i>7006 2760 0000 8645 3419</i></p>  | <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
|  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 40px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 40px;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 40px;"><input type="checkbox"/> C.O.D.</span></p> |
|  | <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>   |
| PS Form 3811, February 2004  | Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>  |