SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Agent Addressee C. Bate of Delivery ID-12 Agent Addressee ID-12 Agent ID-12 ID-12 ID-12
1. Article Addressed to: 10 0C	7. Is deivery address different from item 1?
Kevin Howard, President	RINGS CLERK REGION 10
6600 West 20th St., Suite 26 Greeley, CO 80633	3. Service Type A Certified Maii Express Maii Registered Return Receipt for Merchandise Insured Maii C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7010 (Transfer from service label)	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

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