

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>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X Linda Adams</i>	
1. Article Addressed to: <span style="float: right;">A</span>  <p style="text-align: center;">AUG 11 2008</p> <p>Chemical Specialists, LLC  d/b/a ChemStation of  Northern Colorado  3309 Empire St  Evans, CO 80620</p> <p>ENF-VSD</p>	B. Received by (Printed Name) <i>LINDA ADAMS</i>	C. Date of Delivery <i>8/12/08</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	EIPRA-08-2008-0024  3. Service Type <input 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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  7004 1350 0001 5669 3792	
102595-02-M-1540		