SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 mailplece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature A. Signature A. Signature D. Received by Printed Name D. Is delivery address different from item 1? If YES, enter delivery address below: No
UMCC HOLDINGS P.O. BOX 6280 DEPT. 0040	DEC - 6 2007
INDIANOPOLIS IN 46206-6280	3. Service Type         Certified Mail       Express Mall         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.         4. Restricted Delivery? (Extra Fee)       Yes
2. Article Number (Transfer from service label) 7001 2510 0004 7177 1168	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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