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 mailpiece, or on the front if space permits.</li> </ul>	A Signature Agent Addressee  B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Choice Energy LLC	
Mike Needham 715 E 2nd Street Des Moines IA	3. Service Type  Ø Certified Mall □ Express Mall □ Registered □ Return Receipt for Merchandise □ Insured Mall □ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article*** 7007 2680 0001 0485	4208
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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Technician Date Processed SEP 0 8 2014