

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OR DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) RECEIVED BY PRUZHANSKIY</p> <p>C. Date of Delivery 8-2-10</p>
<p>1. Article Addressed to:</p> <p>PRUZHANSKIY, ALEKSANDR 745 86TH AVENUE NW COON RAPIDS MN 55433</p> <p>10-196-TR-CVF</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>UCCO -5 AM D: DOCKET IN BODY FILE</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 2680 0001 0486 9271</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102505-02-10</p>	

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
 Technician OT Date Processed 8-5-2010