

FILE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

FILE

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
**Power2Switch Inc
 Certificate #11-413E
 650 W Lake St, Ste 320
 Chicago, IL 60661**

2. Article Number* (Transfer from service label) **7010 2750 0001 730912251**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

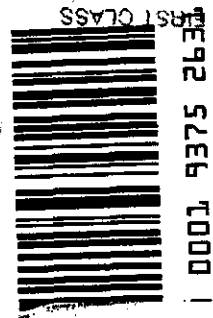
3. Service Type: Certified Mail Express Mail Registered Restricted Delivery for Merchandise Insured C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

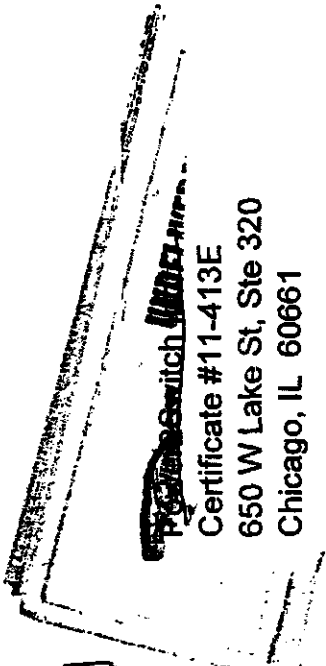
UNDELIVERABLE AS ADDRESSES D/FOR RETURN TO SENDER FOR FORWARDING ORDER ON FILE

BC: 60661103695 DU 0546-09038-24-01

1/28/14
 2
 Power2Switch



UNITED STATES POSTAGE
 MAY 2014
 \$ 06.31
 02 1R 0006556134 JAN 23 2014
 MAILED FROM ZIP CODE 43215



FWD

1

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 Sun Date Processed MAR 21 2014