

FILE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON 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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>9/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: INSIGHT ENERGY LLC RUSTY SMITH 11207 ROSEWOOD LEAWOOD KS 66211		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>15-1-Au-RPT</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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1. Article Addressed to: UNITED AMERICAN TECHNOLOGY INC THOMAS ANDERSON 1701 E 2ND ST, STE B EDMOND OK 73034		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>15-1-Au-RPT</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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1. Article Addressed to: PENNELL & WILTBERGER, INC BRETT HARTLEY 165 TOWNSHIP LINE RD, STE 2200 JENKINTOWN PA 19046		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.	
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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 *[Signature]* Date Processed *9/22/16*

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1. Article Addressed to:

NETWORK SERVICES CORP
BOYD DEMILLE
560 N HWY 101, STE 4B
ENCINITAS CA 92011

2. Article Number

(Transfer from service label)

7010 2780 0001 9375 3270

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/19/16

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

NETWORK SERVICES CORP
KEN MACDONALD
560 N HWY 101, STE 4B
ENCINITAS CA 92011

2. Article Number

(Transfer from service label)

7010 2780 0001 9375 3263

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/19/16

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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1. Article Addressed to:

UNITYCOMM, LLC
DBA: U4
ALEX FERNANDEZ
PO DRAWER 200
WINTER PARK FL 32790

2. Article Number

(Transfer from service label)

7010 2780 0001 9375 3300

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Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/19/16

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

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1. Article Addressed to:

INETWORKS GROUP INC
TSUNG LUDY
125 S WACKER DR, STE 2510
CHICAGO IL 60606

2. Article Number

(Transfer from service label)

15-1-AU-RPT 7010 2780 0001 9375 3201

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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1. Article Addressed to:

TORCH ENERGY SOLUTIONS LLC
AMIR ESCAFYAN
7324 SOUTHWEST FWY, 1600
HOUSTON TX 77074

2. Article Number

(Transfer from service label)

15-1-AU-RPT 7010 2780 0001 9375 3324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X N. Rodriguez

☐ Agent☐ Addressee

B. Received by (Printed Name)

N. Rodriguez

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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1. Article Addressed to:

TORCH ENERGY SOLUTIONS LLC
AMY GASCA
7324 SOUTHWEST FWY, 1600
HOUSTON TX 77074

2. Article Number

(Transfer from service label)

15-1-AU-RPT 7010 2780 0001 9375 3102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X N. Rodriguez

☐ Agent☐ Addressee

B. Received by (Printed Name)

N. Rodriguez

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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1. Article Addressed to:

UNITED AMERICAN TECHNOLOGY INC
DEBBIE BARTER
1701 E 2ND ST, STE B
EDMOND OK 73034

2. Article Number
(Transfer from service label)

7010 2780 0001 9375 3331

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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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☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

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