

PU-2967-03-666

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 Wendy Jordan Agent
 Addressee

B. Received by (Printed Name)
Wendy Jordan

C. Date of Delivery
5/17/04

1. Article Addressed to:
Bruce A Selinger
PO Box 1173
Dickinson ND 58602-1173

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) Yes

2. Article Number (Transfer from service label) **7002 2410 0003 4912 5727**

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

PU-2967-03-666

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 Bruce Burke Agent
 Addressee

B. Received by (Printed Name)
Bruce Burke

C. Date of Delivery
12/8/03

1. Article Addressed to:
Bruce Burke
SmartNet Inc
649 4th Ave SW
Dickinson ND 58601

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) Yes

2. Article Number (Transfer from service label) **7003 1680 0004 9646 3290**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:
Bruce Burke
SmartNet Inc
649 4th Ave SW
Dickinson ND 58601

2. Article Number (Transfer from service label) **7003 1680 0004 9646 3733**

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Bruce Burke Agent
 Addressee

B. Received by (Printed Name)
Bruce Burke

C. Date of Delivery
FEB - 7 2004

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) Yes

2ACPRI-03-Z-0985

24-2967-03-660

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:
 Don Regard
 Pringle & Shiptad
 PO Box 1000
 Merritt ND 58702-1000

2. Article Number (Transfer from service label) **7002 2410 0003 4911 4394**

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Megha Kelle*

B. Received by (Printed Name) *Megha Kelle* C. Date of Delivery **FEB 05 2001**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

24-2967-03-666

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:
 Bruce A Selinger
 PO Box 1173
 Dickinson ND 58602-1173

2. Article Number (Transfer from service label) **7002 2410 0003 4911 4400**

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Wendy Jordan*

B. Received by (Printed Name) *Wendy Jordan* C. Date of Delivery **FEB -5 2001**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce A Selinger
 PO Box 1173
 Dickinson ND 58602-1173

2. Article Number (Transfer from service label)

7002 2410 0003 4911 4943

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Jim Boyner*

B. Received by (Printed Name) *Jim Boyner* C. Date of Delivery **APR 16 2001**

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:
APR 16 2001

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Don Negaard
 Pringle & Herzigstad
 PO Box 1000
 Mount NO 58702-1000

2. Article Number (Transfer from service label) 7002 2410 0003 4911 4936

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Angela Ketter* Agent Addressee

B. Received by (Printed Name) *Angela Ketter* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Bruce Burke
 Smart Not One
 649 4th Ave SW
 Dickson NO 58601

2. Article Number (Transfer from service label) 7002 2410 0003 4911 4998

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bruce Burke* Agent Addressee

B. Received by (Printed Name) *Bruce Burke* C. Date of Delivery *4-16-04*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Don Negaard
 Pringle & Herzigstad
 PO Box 1000
 Mount NO 58702-1000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Angela Ketter* Agent Addressee

B. Received by (Printed Name) *Angela Ketter* C. Date of Delivery *4/2004*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7002 2410 0003 4912 5710

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

PU-2967-03-060

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:
 Bruce Burke
 SmartNet Inc
 649 4th Ave SW
 Dickinson ND 58601

2. Article Number
 (Transfer from service label) 7002 2410 0003 4912 5734

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J. Burke* Agent Addressee

B. Received by (Printed Name) *T. Burke* C. Date of Delivery *5-14-01*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Don Negard
 Pringle + Scriptal
 PO Box 1000
 Mint ND 58702-1000

2. Article Number
 (Transfer from service label) 7003 2260 0001 3517 1163

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *R. Headrick* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *10/22/04*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce Burke
 SmartNet Inc
 649 4th Ave SW
 Dickinson ND 58601

2. Article Number
 (Transfer from service label) 7004 2890 0000 5451 4939

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jammy Burke* Agent Addressee

B. Received by (Printed Name) *Jammy Burke* C. Date of Delivery *7-1-05*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Bruce A Selinger
 PO Box 1173
 Dickinson ND 58602-1173

2. Article Number (Transfer from service label) **7003 2260 0001 3517 1170**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Owendy Jordan

B. Received by (Printed Name) Agent Addressee
Owendy Jordan

C. Date of Delivery **7002 22 130**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: **7002 22 130**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce Burke
 SmartNET Inc
 649 4th Ave SW
 Dickinson ND 58601

2. Article Number (Transfer from service label) **7003 2260 0001 3517 1187**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
CASEY BURKE

B. Received by (Printed Name) Agent Addressee
CASEY BURKE

C. Date of Delivery **10-22-04**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Don Speasid
 Hunter Schubert
 PO Box 1000
 Mount ND 58702-1000

2. Article Number (Transfer from service label) **7004 2890 0000 5451 4915**

PS Form 3811, August 2001 Domestic Return Receipt 2ACPR1-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery **26**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

94-2967-03-666

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:
 Glenn L Richards Atty
 Shaw Pittman LLP
 2300 N St NW
 Washington DC 20037

2. Article Number
 (Transfer from service label) 7004 2890 0000 5451 4922

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-098

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) D. Charles 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.

4. Restricted Delivery? (Extra Fee) Yes

94-2967-03-666

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:
 Don Regard
 Mergle + Unscripted
 PO Box 1000
 Mount NW 58702-1000

2. Article Number
 (Transfer from service label) 7004 2510 0004 8815 5484

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) Vicki Johnson C. Date of Delivery AUG 12 2005

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

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:
 Bruce Selinger
 Kristie Bryson & Associates PC
 PO Box 1173
 Richmond VA 23062-1173

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) Kristie Bryson C. Date of Delivery AUG 11 2005

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

2. Article Number
 (Transfer from service label) 7004 2510 0004 8815 5514

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>D. Charles</i>	C. Date of Delivery <i>AUG 19 2005</i>
1. Article Addressed to: <i>Glenn J Richards Shaw Pittman LLP 2300 N St NW Washington DC 20037</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>f</i>	
2. Article Number (Transfer from service label)	7004 2510 0004 8815 5491	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

PU-2967-03-666

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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Clay Kerner</i>	C. Date of Delivery <i>AUG 19 2005</i>
1. Article Addressed to: <i>Bruce Burke SmartNET Inc 649 4th Ave SW Dickerson MD 20861</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No <i>AUG 19 2005</i>	
2. Article Number (Transfer from service label)	7004 2510 0004 8815 5507	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

PU-2967-03-666

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:
 Bruce Burke
 SmartNET Inc
 649 4th Ave SW
 Dickinson ND 58601

2. Article Number
 (Transfer from service label) 7004 2890 0000 5450 9447

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Jammy Burke Agent Addressee

B. Received by (Printed Name) *Jammy Burke* C. Date of Delivery *9-23-05*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Don Negard
 Pringle & Kriststad
 PO Box 1000
 Minot ND 58702-1000

2. Article Number
 (Transfer from service label) 7004 2890 0000 5450 9423

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cheryl Hanson Agent Addressee

B. Received by (Printed Name) *Cheryl Hanson* C. Date of Delivery *9-23-05*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce Delinger Attorney
 Kristi Soper Hills always 547
 PO Box 1173
 Dickinson ND 58602-1173

2. Article Number
 (Transfer from service label) 7004 2890 0000 5450 9454

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cheryl Jordan Agent Addressee

B. Received by (Printed Name) *Cheryl Jordan* C. Date of Delivery *SEP 23 2005*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PA-2967-03-666

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:
 Glenn J Richards
 Shaw Pittman LLP
 2300 N St NW
 Washington DC 20037

2. Article Number (Transfer from service label) 7004 2890 0000 5450 9430

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540
 PA-2967-03-666

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *D. Charles* C. Date of Delivery **SEP 20 2005**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce A Allinger
 PO Box 1173
 Dickerson MD 58602-1173

2. Article Number (Transfer from service label) 7003 2260 0001 3516 1089

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Owendy Jordan* C. Date of Delivery **NOV 21 2005**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce Burke
 SHAWPITTMAN LLP
 2300 N St NW
 Washington MD 58601

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Bruce Burke* C. Date of Delivery **11-19-05**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7003 2260 0001 3516 1096
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PA-2967-03-666

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:
 Don Nequard
 Pringle + Hengsted
 PO Box 100
 Marsh MD 58702-1000

2. Article Number (Transfer from service label) **7003 2260 0001 3516 1072**

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

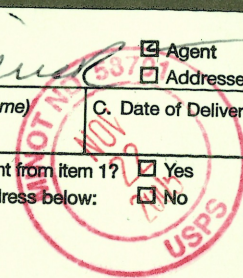
COMPLETE THIS SECTION ON DELIVERY

A. Signature *R. Keating* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



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:
 Bruce A. Selinger
 PO Box 1173
 Dickman MD 58602-1173

2. Article Number (Transfer from service label)

7004 2510 0004 8815 3565

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce A. Selinger* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
Bruce A. Selinger **MAY 23 2004**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PA-2967-03-666

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:
 Bruce Burke
 SmartNET Inc
 649 4th Ave SW
 Dickman MD 58601

2. Article Number (Transfer from service label) **7004 2510 0004 8815 3572**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Tammy Burke* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
Tammy Burke **5-26-06**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PN-2967-03-666

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:
 Don Neppard
 Pringle & Hergetad
 PO Box 1000
 Mount MD 58702-1000

2. Article Number (Transfer from service label) 7004 2510 0004 8815 3558

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *R. Headrick* Agent Addressee

B. Received by (Printed Name) *R. Headrick* C. Date of Delivery *9/22/06*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Bruce Burke
 SmartNet Inc
 649 4th Ave SW
 Dickinson ND 58601

2. Article Number (Transfer from service label) 7005 1820 0002 3243 3215

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bruce Burke* Agent Addressee

B. Received by (Printed Name) *Bruce Burke* C. Date of Delivery *JUN 12 2006*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:
 Don Neppard
 Pringle & Hergetad
 PO Box 1000
 Mount MD 58702-1000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Don Neppard* Agent Addressee

B. Received by (Printed Name) *Don Neppard* C. Date of Delivery *JUN 09 2006*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7005 1820 0002 3243 3192

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

PU-03-466

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. 	A. Signature <input checked="" type="checkbox"/> <i>Wendy Jordan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Wendy Jordan</i>	C. Date of Delivery JUN - 9 2003
1. Article Addressed to: <i>Bruce A Sellinger</i> <i>PO Box 1173</i> <i>Dickinson ND 58602-1173</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7005 1820 0002 3243 3208	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
3. Service Type <input checked="" 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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PU-2967-03-666

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. 	A. Signature <input checked="" type="checkbox"/> <i>Cheryl Hanson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Cheryl Hanson</i>	C. Date of Delivery JUN 26 2006
1. Article Addressed to: <i>Don Negaard</i> <i>Printer + Scripted</i> <i>PO Box 1000</i> <i>Minot ND 58702-1000</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7005 1820 0002 3243 3871	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
3. Service Type <input checked="" 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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

P4-2967-03-666

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. 	A. Signature <input checked="" type="checkbox"/> <i>Jon Boyner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Jon Boyner</i>	C. Date of Delivery <i>6/24/06</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>Bruce A Selinger</i> <i>PO Box 1173</i> <i>Richmond VA 23802-1173</i>		
2. Article Number (Transfer from service label) 7005 1820 0002 3243 3888		

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

P4-2967-03-666

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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Arad</i>	C. Date of Delivery <i>MAY 12 2007</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" 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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>Glenn S Richards</i> <i>Attorney</i> <i>Shaw Pittman LLP</i> <i>2300 N Street NW</i> <i>Washington DC 20037</i>		
2. Article Number (Transfer from service label) 7005 3110 0003 6265 2245		

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

PU-2967-03-666

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:
 MICHAEL J MAUS
 Attorney
 Hardy MAUS & Nordstrom PC
 PO Box 570
 Dickinson ND 58602

2. Article Number (Transfer from service label) 7005 3110 0003 6265 2221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Heidi Dullum Agent Addressee

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

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

MAY 18 2007

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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:
 Bruce A Selinger
 Attorney
 Kubik, Bagner, Rice & Selinger PLLP
 PO Box 1173
 Dickinson ND 58602-1173

2. Article Number (Transfer from service label) 7005 3110 0003 6265 2252

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Gwendy Jordan Agent Addressee

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

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

MAY 18 2007

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PU-2967-03-666

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kay Clapp</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>KAY CLAPP</i> C. Date of Delivery <input type="checkbox"/> Addressee <i>5-18-07</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>
<p>1. Article Addressed to:</p> <p><i>Jerod E Tufte</i> <i>Attorney</i> <i>P.O. Box 139</i> <i>Steele ND 58482</i></p>	<p>3. Service Type <input checked="" 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) 7005 3110 0003 6265 2238</p>	

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

PU-2967-03-666

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Cheryl Hanson</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Cheryl Hanson</i> C. Date of Delivery <input type="checkbox"/> Addressee <i>5/18/07</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>
<p>1. Article Addressed to:</p> <p><i>Dm Neegaard</i> <i>Attorney</i> <i>Pringle & Hengstad, PC</i> <i>P.O. Box 1000</i> <i>MINOT ND 58702</i></p>	<p>3. Service Type <input checked="" 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) 7005 3110 0003 6265 2375</p>	



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