

08-434

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:
 Mike Zimmerman
 Basin Electric Power Coop.
 1717 E Interstate Ave
 Bismarck ND
 58503-0564

2. Article Number
 (Transfer from service label) 7007 2560 0001 6052 5736

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
 Mike Zimmerman 8-7-08

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

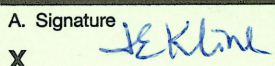
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Julie Kline, Pooling Admin.
 Neustar
 1800 Butter St, Suite 780
 Concord CA 94520

2. Article Number
 (Transfer from service label) 7007 2560 0001 6052 5729

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
 Julie Kline 8-18-08

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

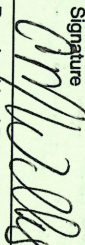
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
 Kevin Manlaren
 Quest Corporation
 1801 California St, Ste 4730
 Denver, CO 80202

A. Signature
 X  Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kevin Manlaren 8-18-08

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

2. Article Number
 (Transfer from service label) 7007 2560 0001 6052 5743

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

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