

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Susan R. Ross* Agent Addressee

B. Received by (Printed Name)
Susan Ross

C. Date of Delivery
3-23-11

address different from item 1? Yes
delivery address below: No

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,

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Susan R. Ross* Agent Addressee

B. Received by (Printed Name)
Susan Ross

C. Date of Delivery
16 Nov 10

address different from item 1? Yes
delivery address below: No

CHRIS M. STERNHAGEN
ENXCO DEVELOPMENT CORPORATION
10 SECOND STREET NE SUITE 107
MINNEAPOLIS MN 55413

CHRIS M. STERNHAGEN
ENXCO DEVELOPMENT CORPORATION
10 SECOND STREET NE SUITE 107
MINNEAPOLIS MN 55413

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

4. Restricted Delivery? (Extra Fee) Yes

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) *7009 2820 0002 9238 4635*

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

2. Article Number (Transfer from service label)

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

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Susan R. Ross* Agent Addressee

B. Received by (Printed Name)
Susan Ross

C. Date of Delivery
4/2/11

address different from item 1? Yes
delivery address below: No

SENDER: COMPLETE THIS SECTION

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- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Susan R. Ross* Agent Addressee

B. Received by (Printed Name)
Susan Ross

C. Date of Delivery
11/11

address different from item 1? Yes
delivery address below: No

CHRIS M. STERNHAGEN
ENXCO DEVELOPMENT CORPORATION
10 SECOND STREET NE SUITE 107
MINNEAPOLIS MN 55413

CHRIS M. STERNHAGEN
ENXCO DEVELOPMENT CORPORATION
10 SECOND STREET NE SUITE 107
MINNEAPOLIS MN 55413

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

4. Restricted Delivery? (Extra Fee) Yes

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) *7009 2820 0002 9238 4765*

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

2. Article Number (Transfer from service label) *7009 2820 0002 9238 0453*

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

pu-08-932

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
 X *Susan R. Ross* Agent Addressee

B. Received by (Printed Name) *Susan Ross* C. Date of Delivery *6/13/11*

CHRIS M. STERNHAGEN
 ENXCO DEVELOPMENT CORPORATION
 10 SECOND STREET NE SUITE 107
 MINNEAPOLIS MN 55413

Address different from item 1? Yes
 or delivery address below: No



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

4. Restricted Delivery? (Extra Fee) Yes

