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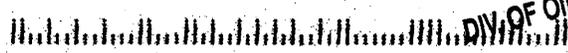


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Suzanne Steab  
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<p>1. Article Addressed to:</p> <p>Dave Shaver          P.O. Box 910          East Carbon, UT 84520-0910</p>	<p>B. Received by (Printed Name)  <i>Mary V. Kawa</i></p>	<p>C. Date of Delivery  <i>8-13-09</i></p>
<p>2. Article Number          (Transfer from service label)</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>3. Service Type</p> <p><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.</p>		
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