

l	WC-2006: 5107
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 Agent Culture Addressee B. Received by (Printed Name) C. Date of Delivery Sudva SCNDCD 9-15-05 D. Is delivery address different from item 12 9 Yes
Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: D No
Folsom Ridge, LLC Legal Department	
P.O. Box 54 Longmont, CO 80502	3. Service Type Certified Mail
1	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 3110 (Transfer from service)	1004 0200 7327
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-154