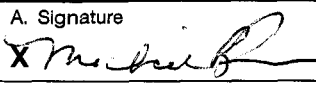


ORIGINAL

| 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <u>070384-TC</u> | B. Received by (Printed Name) | C. Date of Delivery <u>8-9-17</u> |
| Conversant Technologies, Inc. Mr. Michael Barber P. O. Box 865081 Plano TX 75086-5081 <u>FSC-07-0590-PAA-TC</u> | 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) | 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 | |
| | <u>7005 3110 0002 8806 6799</u> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07082 AUG 13 5

FPSG-COMMISSION CLERK