

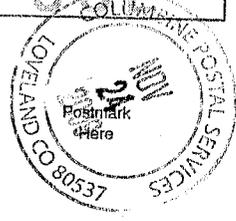
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7008 1140 0002 6196 4184

OFFICIAL USE

Postage	\$.78
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.88



Sent To
 Kertum Investment Company, LLC
 Street, Apt. No.,
 or PO Box No. 15-A Marlborough Rd
 City, State, ZIP+4
 Shalimar, FL 32579

PS Form 3800, August 2006 See Reverse for Instructions

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:
 Kertum Investment Company -
 LLC
 15-A Marlborough Rd.
 Shalimar, FL 32579

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X *Art. S. Kert*

B. Received by (Printed Name) C. Date of Delivery

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

6002 08 AON

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) 7008 1140 0002 6196 4184

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OFFICIAL USE

Postage	\$ 0.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71



7008 1140 0002 6196 4191

Sent To Patricia Castrodale
 Street, Apt. No., or PO Box No. 4 Sears Ct.
 City, State, ZIP+4 Keokuk IA 52632-2547

PS Form 3800, August 2006 See Reverse for Instructions

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:
Patricia Castrodale
4 Sears Ct.
Keokuk IA 52632-2547

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Patricia Castrodale Addressee

B. Received by (Printed Name) DR CASTRODALE C. Date of Delivery 11/27/09

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

2. Article Number (Transfer from service label) 7008 1140 0002 6196 4191