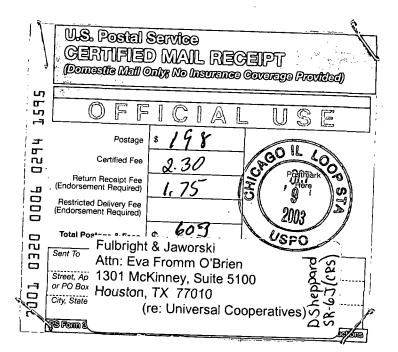


SENDÉR: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery		
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature Agent Addressee D. Is delivery address different from item 12 2 Yes		
1. Article Addressed to:	D. Is delivery address different from item 1? Yes		
Fulbright & Jaworski Attn: Eva Fromm O'Brien 1301 McKinney, Suite 5100	SUPERFUND DI		
Houston, TX 77010 (re: Universal Cooperatives)	3. Service Type ★☑ Certified Mail □ Registered □ Insured Mail □ C.O.D.		
: •	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer trom service label). [7001 0320 0006 0294 11575			
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M			



on the reverse side?	Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. White "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
_	3. Article Addressed to:	4a. Article Number	
RN ADDRESS completed	Universal Cooperatives, Inc. 1300 Corporate Center Curve Eagan, MN 55121	7099 3400 0000 9S883113 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery	
Is your RETUR	5. Received By: (Rrint Name) 6. Signature (Addressee or Agent) X PS Form 3811, December 1994	B. Addressee's Address (Only if requested and fee is paid) Domestic Return-Receipt	

