

US EPA RECORDS CENTER REGION 5



464183

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery: <b>2003 11 14 2003</b></p>
<p>1. Article Addressed to:</p> <p><b>Fulbright &amp; Jaworski Attn: Eva Fromm O'Brien 1301 McKinney, Suite 5100 Houston, TX 77010 (re: Universal Cooperatives)</b></p>	<p>C. Signature: <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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><b>NOV 21 2003</b></p> <p><b>SUPERFUND DIVISION</b></p>
<p>2. Article Number (Transfer from service label): <b>7001 0320 0006 0294 11595 111</b></p>	<p>3. Service Type</p> <p><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.</p>
<p>PS Form 3811, March 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt    102595-01-M-1424</p>

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

**OFFICIAL USE**

Postage	\$ <b>1.98</b>
Certified Fee	<b>2.30</b>
Return Receipt Fee (Endorsement Required)	<b>1.75</b>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>6.03</b>

Sent To: **Fulbright & Jaworski  
Attn: Eva Fromm O'Brien  
1301 McKinney, Suite 5100  
Houston, TX 77010  
(re: Universal Cooperatives)**

Street, Ap or PO Box  
City, State

CHICAGO IL LOOP STA  
Postmark Here  
2003  
USPO

Sheppard SR-67(CRS)

PS Form 3811

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- 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.
- Write "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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Universal Cooperatives, Inc.  
1300 Corporate Center Curve  
Eagan, MN 55121

4a. Article Number  
7099 3400 0000 9588 3113

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
11-13-94

5. Received By: (Print Name)  
Kelly Nordstrom

6. Signature (Addressee or Agent)  
X *Kelly Nordstrom*

8. Addressee's Address (Only, if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Article Sent to:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

CHICAGO IL LOOP 9  
 JUN 9 1994  
 60604-9998  
 Postmark Here

NE Universal Cooperatives, Inc.  
 St. 1300 Corporate Center Curve  
 Ci. Eagan, MN 55121

(re. 025)

or Instructions

ETE 956 0000 0046 600