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 X _Craig S. Felton_ ☐ Agent ☑ Addressee B. Received by (*Printed Name*) _Craig S. Felton_ C. Date of Delivery _8-23-07_
1. Article Addressed to: _070471_	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No

Cognigen Networks, Inc.
6405 218th Street, S.W., Suite 305
Mountlake Terrace WA 98043-2180

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

PSC-07-0666-PAA-TI

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label)
7005 3110 0002 8806 5730

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540