SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul>	A. Signature  X
Yg <b>n</b> ition Networks, Inc. 56 <b>5</b> Andover Park West, #201 Se <b>x</b> tle WA 98188-3345	
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
182-07-0547A-AA-TX	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 (Transfer from service label)	3110 0002 8806 6713
PS Form 3811 February 2004 Domestic Ret	rurn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

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