

ATTACHMENT E

12 May 2014

Certified mail receipt for 10 May 2014 ACL Complaint

ORDER: 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, on the front if space permits.

Article Addressed to:

LARRY W. & SHIREEN I. SLATE
 8760 VOORHEES ROAD
 LE GRAND, CA 95333

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shireen Slate

Agent

Addressee

B. Received by (Printed Name)

S. Slate

C. Date of Delivery

5/12/14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

Mail

Express Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Article Number

(Transfer from service label)

7012 0470 0000 9903 5531