

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	000219	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

7009 2820 0001 4359 8402

CONVENIENCE RETAILERS LLC
 C/O: SMART BUSINESS ADVISORY
 7180 KOLL CENTER PKWY, SUITE 100
 PLEASANTON CA 94566

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JENIA F</u></p> <p>C. Date of Delivery <u>5/20/10</u></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>1. Article Addressed to:</p> <p>CONVENIENCE RETAILERS LLC C/O: SMART BUSINESS ADVISORY 7180 KOLL CENTER PKWY, SUITE 100 PLEASANTON CA 94566</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: (Transfer from service label)</p> <p style="text-align: center;">7009 2820 0001 4359 8402</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>