SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature 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. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. Is delivery address different from item 1? 3/5/09 B.M. 1. Article Addressed to: If YES, enter delivery address below: ☐ No PCB 2005-163 Jim Driscoll, R.A. Pekin Paperboard Company, L.P. 1500 Nicholas Blvd. 3. Service Type Elk Grove Village, IL 60007 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail COD. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7008 1830 0003 9908 8338 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540