

SENDER: 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, or on the front if space permits.

1. Article Addressed to: 4/12/18 B.M.
PCB 2018-063
Mark Schaul
Engineered Plastic Components,
Inc.
4500 Westown Parkway
Suite 277
West Des Moines, IA 50266

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 No
If YES, enter delivery address below:

W. Dalman
APR 23 2018
ICE

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 2997

PS Form 3811, July 2013

Domestic Return Receipt