

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: 3/3/11 B.M.
 PCB 2003-021
 Steve Galbiati ✓
 Aramark Uniform Services, Inc.
 6 Ultra Way
 Highland, IN 62249

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 4942

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

Deb Hansen

C. Date of Delivery

3/7/11

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes