

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature</p> <p>X <i>Austin J. Laible</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 4/16/15 B.M. 2013-002 William Stone General Performance Materials LLC 550 County Road 1450 N Henry, IL 61537</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 4-20</p>
<p>2. Article Number (Transfer from service label) 7014 0510 0001 5481 6070</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>PS Form 3811, July 2013</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature</p> <p>X <i>Austin J. Laible</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>Article Addressed to: 4/16/15 B.M. 2013-002 William Stone General Performance Materials 550 County Road 1450 N Henry, IL 61537</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 4-20</p>
<p>Article Number (Transfer from service label) 7014 0510 0001 5481 6056</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>PS Form 3811, July 2013</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p>	