COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete lumshi ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Deceived by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. lichelle Kurunske or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 6/7/12 B.M. ☐ No If YES, enter delivery address below: PCB 2012-112 James Elies Berteau-Lowell Plating Works, Inc. 2320 W. Fullerton Avenue 3. Service Type Express Mail W Certified Mail Chciago, IL 60647 Registered Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004