

**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:

**Mr. Kevin Callan  
Blaser Die Casting, Co.  
5700 3rd Avenue South  
Seattle, WA 98108**

2. Article Number  
(Transfer from service label)

7012 1010 0003 2872 5461

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X   Agent  
 Addressee

B. Received by (Printed Name)  C. Date of Delivery  
Cindy Cholewich 10/1/13

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