SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Received by (Please Print Clearly)  B. Date of Delivery
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.	X Regent Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ✓ Yes If YES, enter delivery address below: □ No
Lesaffre Yeast Corporation	1475 6 15 MAN 17 WILLW WY 53214
40 Geoffrey P. O'Connor	10112WW 33714
433 E. Michigan Street	CAA-05-2007-0002
Milmaukee, Wl 53202	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320 0	005 8919 2423
PS Form 3811, March 2001 Domestic Reti	urn Receipt 102595-01-M-1424
And the second s	

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