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:

Joseph A. Miller, General Counsel
Rose Acre Farms
P.O. Box 1250
Seymour, Indiana 47274

EPCRA-05-2008-0025

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Beth Albert

B. Date of Deliver: 8-27-08

C. Signature: X Beth Albert ☐ Agent ☐ Addressee

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

2. Article Number
(Transfer from service label) 7001 0320 0005 8921 6068

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-14