

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0860 0006 5963 5333

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here  
**JUL 30 2004**

Sent To Mr. Jody McCall  
 Briggs & Stratton Corporation  
 Street, Apt. 1 or PO Box N 3701 Hy-Point Blvd.  
 City, State, Z Rolla, Missouri 65401

PS Form 3801, April 2002 See Reverse for Instructions

**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. Jody McCall  
 Briggs & Stratton Corporation  
 3701 Hy-Point Blvd.  
 Rolla, Missouri 65401

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Georgia Lucas*

B. Received by (Printed Name)  Agent  Addressee  
*Georgia Lucas*

C. Date of Delivery  
*8-2-04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Transfer from service) **7002 0860 0006 5963 5333**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0860 0000 9000 0990 2001

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total \$

Postmark Here  
**JUL 30 2004**

Sent To The Corporation Company  
 120 South Central Avenue  
 Street, Apt. 1 or PO Box N 120 South Central Avenue  
 City, State, Z Clayton, Missouri 63105

PS Form 3800, April 2002 See Reverse for Instructions

**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:  
 The Corporation Company  
 120 South Central Avenue  
 Clayton, Missouri 63105

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*B. Stone*

B. Received by (Printed Name)  Agent  Addressee

C. Date of Delivery  
*8-3-04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**CLAYTON BRANCH AUG 3 2004 MO 63105-9898**

2. Article Number (Transfer from service label) **7002 0860 0006 5963 5357**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035