

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Ellen Miller <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Ellen Miller</p> <p>C. Date of Delivery            9-21-03</p>
<p>1. Article Addressed to:</p> <p style="font-size: 2em; font-weight: bold;">RCRA-07-2001-0010</p> <p>Ronald Berry, President            Berry Wood Products, Inc.            7307 HWY 67 South            Fredericktown, Missouri 65645</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p style="font-size: 1.5em; font-weight: bold;">7002 0860 0006 5958 6185</p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

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

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OFFICIAL USE

<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement F)</p> <p><b>Total Postage:</b></p>	<p>Postmark</p>
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Sent To: Ronald Berry, President  
 Berry Wood Products, Inc.  
 7307 HWY 67 South  
 Fredericktown, Missouri 65645

Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, April 2002 See Reverse for Instructions

7002 0860 0006 5958 6185