COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION B. Date of Delivery A. Received by (Please Print Clearly) Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse Signature so that we can return the card to you. Agent Attach this card to the back of the mailpiece, TIN Addressee or on the front if space permits. **L** Yes D. No nter d 1. Article Addressed to: If YES KeVIN B. Jacob, President LAMINAted Products, Inc. 5718 52 ND: Street MAY 0 5 2009 HEARI 3. Service Type Express Mail Registered Kenosha, WI 53114 B Return Receipt for Merchandise C.O.D. Insured Mall MA-05-2009-0017 4. Restricted Delivery? (Extra Fee) Yes 0005 8919 2782 2. Article Number 2001 0320 (Transfer from service labe 102595-01-M-1424 **Domestic Return Receipt** PS Form 3811, March 2001