

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2598 1968

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

Postmark
Here

Total F Doug Kronen, Safety and Compliance Manager

Sent To Nicholas and Co., Inc.
 5520 Harold Gatty Drive
 Street, or PO B Salt Lake City UT 84116
 City, Sta EPCRA-08-2015-0005 ESAFO

PS Form 3800, August 2006

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:

SEP 29 2015

Doug Kronen, Safety and Compliance Manager
 Nicholas and Co., Inc.
 5520 Harold Gatty Drive
 Salt Lake City UT 84116
 EPCRA-08-2015-0005 ESAFO

2. Article Number

(Transfer from service label)

7009 3410 0000 2598 1968

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Jennifer Green
 C. Date of Delivery 10/2/15

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