

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X [Handwritten Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
delivery address below:  No

1. Article Addressed to:

**Scott Blickenstaff  
Amalgamated Sugar Co., LLC  
1951 South Saturn Way, Ste 100  
Boise, ID 83709**

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7014 1200 0001 4321 2893

PS Form 3811, July 2013

Domestic Return Receipt