SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ 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. ☐_Agent Attach this card to the back of the mailpiece, □ Addressee or on the front if space permits. Is delivery address different from item 1? Yes 1. Article Addressed to: □ No If YES, enter delivery address below: Jeff O'Connell Vice President RCRA-05-2007-0011 **Bway Corporation** 8200 Broadwell Road 3. Service Type Cincinnati, Ohio 45244 ☐ Certified Mail ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 0320 0006 1458 8481 7001 (Transfer from service label) PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 **U.S. Postal Service** CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 8481 Certified Fee Postmark Here¹ Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Jeff O'Connell **Total Postage & Fees** Vice President Sent To **Bway Corporation** Street, Apt. No.: or PO Box No. 8200 Broadwell Road City, State, ZIP+4 Cincinnati, Ohio 45244