COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature 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. ☐ Yes D. Is delivery address different from item 19 1. Article Addressed to: If YES, enter delivery address below: William Bartley, President BTW, Inc. 11551 Eagle St. NW Coon Rapids, Minnesota 55448 3. Service Type Certified Mail ☐ Express Mail ☐ Registered Return Receipt for Merchandise EPCRA-05-2007-0014 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7001 0320 0005 8910 5713 (Transfer from service lat. PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

		Service MAIL RECEIPT ks-Woodard E-13J	
5713		(1-00-200) W	
8910	Postage Certified Fee	\$ 87 240	
0002	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	/8 5 Here	
0350	1	\$ 5 1 2 VIS	
100	Street, Apt. No.; or PO Box No. 11551 City, State, ZIP+4	, Inc. I Eagle St. NW Rapids, Minnesota 55448	