

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:

**David Brose, President
Gly-Tek, Inc.
P.O. Box 1506
Twin Falls, ID 83301**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent
 Addressee

B. Received by (*Printed Name*)

Tim Brose

C. Date of Delivery

12-10-14

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

2. Article Number
(*Transfer from service label*)

7009 2250 0001 6624 2778