COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1,2, and 9. Also complete item 4 if Restricted Delivery is desired.
Printyourname and address on the raverse so that we can return the card to you. A. Received by (Please Print Clearly) B. Date of Delivery BURNS C. Signature × OBurns Agent Attach this card to the back of the mailpiece, Addressee or on the groat if apace permiting CLERK Yes D. Is delivery address different from item 1? 1. Article AddlesSedENVIRONMENTAL D No If YES, enter delivery address below: **PROTECTION AGENCY Mr. Elliot Badzin** SuperClean Brands, Inc. **1380 Corporate Center Curve** Suite 200 3. Service Type Certified Mail Eagan, Minnesota 55121 Express Mail Return Receipt for Merchandise Registered C.O.D. Insured Mail 2009-0016 4. Restricted Delivery? (Extra Fee) I Yes 2. Article Number (Copy from service label) 7001 0320 0006 0182 9764 PS Form 3811, July 1999 **Domestic Return Receipt** 102595-99-M-1789

(a)

Adreedor Strag