SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Aricipartiressed to: -2007-000000000000000000000000000000000</li></ul>	A. Signature
Cascade Plastics, Inc. 7501 South Spoede Lane Warrenton, Missouri 63383	3. Service Type     Screttified Mail      Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.     Scretticted Delivery? (Extra Fee)     Yes
2. Article Number (Transfer from s 7002 0660 00	06 5958 3429
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-154

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