	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
item 4 if Restricted D Print your name and so that we can return Attach this card to the	<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 mailplece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee
	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	09A-07-2011-0005	
	Michael Pfefferkom, Secretary	1
	United Industries Corporation 8464 Chapin Industrial Drive St. Louis, Missouri 63114	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
	2. Article N 7006 2760 0000 864	15 2887
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540