COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Regeived by (Please Print Clearly) B. Date of Delivery 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 malipiece, or on the front if enace normite Randy Oehrlein Vice President of Engineering Carley Foundry, Inc. 8301 Coral Sea Street, NE Ified Mail ECH OLDAGENCY Insured Mail ECH OLDAGENCY Blaine, Minnesota 55449 4. Restricted Delivery? (Extra Fee) ☐ Yes .JO1 0320 0006 0188 0796 (Transfer from service label) PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424