

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:

Matthew C. French
Associate General Counsel
Young Living Essential Oils, LLC
3125 Executive Parkway
Lehi, UT 84043

2. Article Number
(Transfer from service label)

7011 2970 0000 0880 6276

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L Coombs*

- Agent
 Addressee

B. Received by (Printed Name)

L COOMBS

C. Date of Delivery

1-6-14

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

Domestic Return Receipt

102595-02-M-1540