

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:

Susan Hapak
Current Technologies, Inc.
P.O. Box 21
439 N. 525 E
Crawfordsville, Indiana 47933

COMPLETE THIS SECTION ON DELIVERY

| | |
|--|--------------------------------------|
| A. Received by (Please Print Clearly) Judy Everts | B. Date of Delivery 7-7-08 |
| C. Signature Judy Everts | |
| <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |

3. Service Type

| | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8921 6488**

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

| | |
|---|---|
| U.S. Postal Service | |
| CERTIFIED MAIL RECEIPT | |
| Sonja Brooks-Woodard E-13J (ided) | |
| OFFICIAL USE | |
| Postage | \$ 2.70 |
| Certified Fee | 2.70 |
| Return Receipt Fee (Endorsement Required) | 2.20 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 7.60 |
| Postmark Here | |
| Sent To | Susan Hapak |
| Street, Apt. No., or PO Box No. | Current Technologies, Inc. P.O. Box 21 |
| City, State, ZIP+4 | 439 N. 525 E Crawfordsville, Indiana 47933 |
| PS Form 3800, January 2001 See Reverse for Instructions | |

7001 0320 0005 8921 6488