SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery 9 44 07 C. Sonature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: Paul Curtis, President	D. Is deliverly address different from item 1? If YES, enter delivery address below: No
Spectro Alloys Corp.	CAA-05-2007-0029
Resemount, MN 55068	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320	0005 8919 1778
PS Form 3811, March 2001 Domestic Ref	urn Receipt 102595-01-M-1
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