

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |   |
|--|---|---|
| <ul style="list-style-type: none"> <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 mailpiece, or on the front if space permits.</li> </ul> | A. Signature <input checked="" type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee   |   |
| 1. Article Addressed to:<br><p style="font-size: 1.5em; margin-left: 20px;">RCPA-07-2010-0014</p> <p style="margin-left: 20px;">Terry Noteboom<br/>           Corporate Environmental Engineer<br/>           Pella Corporation<br/>           102 Main Street<br/>           Pella, Iowa 50219</p>                              | B. Received by (Printed Name)<br><p style="font-size: 1.2em; margin-left: 20px;">Jerry Housey</p>   | C. Date of Delivery<br><p style="font-size: 1.2em; margin-left: 20px;">3/5/10</p> |
| 2. Article Number<br><small>(Transfer from si)</small>   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |   |
| PS Form 3811, February 2004  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |   |
| Domestic Return Receipt  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |   |

49389-08-11-1540