COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Received by (Please Print Clear ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailpiece, The Corporation Company dressee or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: The Corporation Company Reg. Agent for Leprino Foods Co. 3. Service Type 30600 Telegraph Road Certified Mail ☐ Express Mail Bingham, MI 48025 □ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7001 0320 0005 8918 7993 (Transfer from service label) PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

