

WILHELMSEN SHIPS SERVICE. ECATHG 2017-5006

| 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<br><b>X</b> <i>J. Thomas</i><br>B. Received by (Printed Name)<br>C. Date of Delivery<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
| 1. Article Addressed to:<br><br>Tim Ryan<br>Area Operations Director – Americas<br>Wilhelmsen Ships Services<br>9400 New Century Drive<br>Pasadena, TX 77507   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below:<br><br>ELECTRONIC MAIL SERVICES<br>RECEIVED<br>US FIRST CLASS HEADQUARTERS<br>FEB 12 2017   |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail<br><input type="checkbox"/> Registered<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Express Mail<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 7008 3230 0000 9460 3591   |   |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540