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OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	

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Nicholas and Co., INC.
 Attn. Mr. Doug Kronen Safety and Compliance Manager
 5520 Harold Gatty Drive
 Salt Lake City, UT 84116
 CAA-08-2015-0016

PS Form 3800, August 2006 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Brylann Leark</i></p> <p>B. Received by (Printed Name) <i>Brylann Leark</i></p> <p>C. Date of Delivery <i>9/21/15</i></p> <p>sent from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>address below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Nicholas and Co., INC. Attn. Mr. Doug Kronen Safety and Compliance Manager 5520 Harold Gatty Drive Salt Lake City, UT 84116 CAA-08-2015-0016</p> <p>SEP 17 2015</p>	<p>A</p> <p>REC'D SEP 21 2015 84116</p>
	<p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 3230 0003 0727 9599</p> <p>CAFO</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540