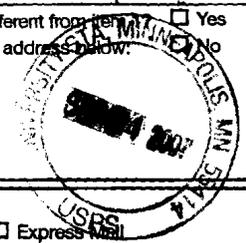


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>[Handwritten Signature]</i></p>
<p>1. Article Addressed to: <i>Pace</i></p> <p><i>RCRA-07-2007-0012</i></p> <p>Mr. Jack Dullaghan Pace Analytical Services, Inc. 1700 Elm Street, Suite 200 Minneapolis, Minnesota 55414</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Em Oster</i></p>
<p>2. Article Number <i>7004 2510 0006 9720 2948</i> <small>(Transfer from service label)</small></p>	<p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below.</p> <div style="text-align: center;">  </div>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p>
<p>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p> <p style="text-align: right;">102595-02-M-1540</p>