

SENDER: COMPLETE THIS SECTION

- 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPORA-07-2009-0001

Robert Heller, Vice President
Future Foam, Inc.
1610 Avenue N.
Council Bluffs, Iowa 51501

2. Article Number

(Transfer from ser.)

7006 2760 0000 8648 5991

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Diane White

Agent

Addressee

B. Received by (Printed Name)

DIANE WHITE

C. Date of Delivery

11-18-08

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes