

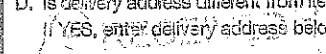


SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name)  C. Date of Delivery 
1. Article Addressed to: Jeff Nyman Vice President of Operations Pioneer Metal Finishing LLC 486 Globe Ave. Green Bay, WI 54304	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, enter delivery address below) 3. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) RCRA-05-2017-0012	7009 1680 0000 7647 3835

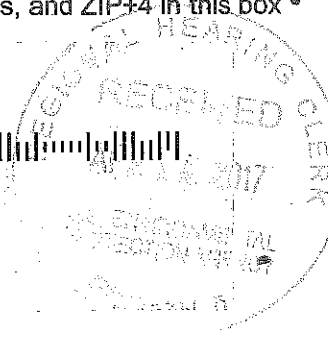
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15


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