

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:

R. Bruce DeMent, President
Kastalon, Inc.
4100 West 124th Place
Alsip, Illinois 60803-1810

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-9-07

C. Signature
 Colleen Husson Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

EPCRA-05-2007-0030

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0005 8931 9202

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

Sonja Brooks-Woodard E-13J *(provided)*

EPCRA-05-2007-0030

Postage	\$ <u>97</u>
Certified Fee	<u>265</u>
Return Receipt Fee (Endorsement Required)	<u>215</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>577</u>

Postmark Here

Sent To R. Bruce DeMent, President
Kastalon, Inc.
 Street, Apt. No., or PO Box No. 4100 West 124th Place
 City, State, ZIP+4 Alsip, Illinois 60803-1810

7001 0320 0005 8931 9202