



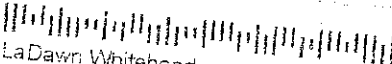
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p> A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery C. <i>Bill Cook</i> <i>8-3-15</i> </p>	
<p>1. Article Addressed to:</p>  <p> David R. Gloer, General Manager POET Biorefining - CARO 151 Empire Drive Caro, Michigan 48708 </p> <p>CAA-05-2015-0054 <i>CAF</i></p>	<p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If YES, enter delivery address below: </p> <p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <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) <i>7011 1150 0000 2640 4796</i></p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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