

**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:

Mr. Michael Palazzolo  
 Safety King, Inc.  
 50000 Ryan Road  
 Utica Michigan 48317

*FITRA - 05-2010-0014*

2. Article Number

(Transfer from service label)

*7000 0520 0020 5089 2930*

PS Form 3811, March 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

*5/14/10*

C. Signature

X

*Verna J. Nevins*

Agent

Addressee

Is delivery address different from item 1?  Yes

If not, enter delivery address below:  No

**RECEIVED**  
**MAY 13 2010**

3. Service Type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

**AGENCY**

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424