

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:

Kit Carin
 Riceland Cabinet Corp
 1597 E. Lincolnway
 Orrville, Ohio
 44667

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Lucinda Bing

B. Date of Delivery

3/6/08

C. Signature

X Lucinda Bing

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

11597 LINCOLN WAY EAST
 ORRVILLE, OH 44667

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 0006 0187 6706

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424