

CAA-05-2010-0043

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Received by (Please Print Clearly) <i>Bone Hill</i>	B. Date of Delivery
1. Article Addressed to: <i>Madeline O'Halleran School Counsel, Envir. &amp; Safety Kraft Foods Global, Inc. 3 LAKES DRIVE Northfield, IL 60093-2753</i>	C. Signature <input checked="" type="checkbox"/> <i>Bone Hill</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from s <i>7009 1680 0000 7667 4225</i> )	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
PS Form 3811, March 2001 Domestic Return Receipt		
<i>Stamped 7/13/10</i>		