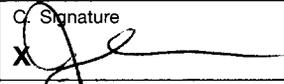


SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature  Agent
 Addressee

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

1. Article Addressed to:

Patricia Hlavka, CSP
 Senior Safety and Health Engineer
 Benchmark Electronics, Inc.
 3535 Technology Dr.
 Rochester, MN 55901

EPCRA-05-2007-0010

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 **7001 0320 0006 0198 4708**
(Transfer from service label)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance or Signature Required)

Sonja Brooks-Woodard E-13J

EPCRA-05-2007-0010

| | |
|----------------------------------------------------------|---------------|
| Postage | \$ 87 |
| Certified Fee | 240 |
| Return Receipt Fee <i>(Endorsement Required)</i> | 185 |
| Restricted Delivery Fee <i>(Endorsement Required)</i> | |
| Total Postage & Fees | \$ 512 |



Sent To Patricia Hlavka, CSP
 Senior Safety and Health Engineer
 Benchmark Electronics, Inc.
 3535 Technology Dr.
 Rochester, MN 55901

Street, Apt. No. or PO Box No.
 City, State, ZIP+

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0006 0198 4708