

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 4/4

C. Signature X *B. Morrison* Agent
 Addressee

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

1. Article Addressed to: _____

Brian Stenson, EH&S Specialist
 Fujifilm Graphic Systems U.S.A. Inc.
 850 Central Avenue
 Hanover Park, IL 60133

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 0184 9274