

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. Stephen A. Finkbeiner
Versa Die Cast, Inc.
3943 Quebec Avenue North
Minneapolis, MN 55427

EPCRA 05-2010-0007

2. Article Number
(Transfer from service label)

7001 0320 0006 0189 9934

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Mr. Rosmus* B. Date of Delivery *12/31*

C. Signature *MR* Agent
 Addressee

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

RECEIVED
JAN 04 2010

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424