SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Clearly) B. D Print your name and address on the reverse KEYIN so that we can return the card to you. C. Signature Attach this card to the back of the mailpiece or on the front if space permits. 2/Agent Addressee 1. Pensio Ademinate I Yes 2 No T. Mr. John J. Zevalkink Registered Agent for 8 2011 Columbian Distribution Services, Inclu 900 Hall Street, SW Grand Rapids, Michigan 49503 MAL HEARING CLER USEPA D Express Mail REGION B Return Receipt for Merchandise C:O.D. EPCRA-25-2011-0012 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7001 0320 0006 (Transfer from service label) 0188 0130 PS Form 3811, March 2001 **Domestic Return Receipt** 102595-01-M-1424

