| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul> <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 mallpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>RCLA 07. 200 0000000000000000000000000000000</li></ul> | A. Signature  Agent Addressee  B. Received by (Painted Name)  C. Date of Delivery  D. Is delivery address different from Item 1?  If YES, enter delivery address below: |
| Patti Knowlton Trimark Corporation 500 Bailey Avenue New Hampton, Iowa 50659  | 3. Service Type  Certified Mail   |
| 2. Article Number 7006 2760 0000  | 8646 5375   |
| PS Form 3811, February 2004 Domestic Ref  | urn Receipt 102595-02-M-1540  |