

**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.

*Article Restricted by*  
*EPH-01-2011-002*  
*Electro - Castings*  
 Jeff Garvens  
 14400 Northbrook Suite #120  
 San Antonio, Texas 78232

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee
- B. Received By (Printed Name) *CHL WASHAVE* C. Date of Delivery *01/11*
- D. Is delivery address different from Item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number *7006 2760 0000 8645 3587*  
 (Transfer from)

PS Form 3811, February 2004 Domestic Return Receipt 10296-02-00-1540