| SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON | |
|---|--|
| | 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 C. Signature X. Derry Agent |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes |
| Mr. Brian Shaughnessy A C Foundry, Incorporated 146 N. Raymond Rd. | AUG 0 3 2009 |
| Battle Creek, Michigan 49014 EPCA-05-2009-0024 | 3. Service Gronal HEARING CLERK ☐ Certified Mail VIDE Surges Mail CLERK ☐ Registre TECTH Seturn Bedelot for Merchandise ☐ insured Mail ☐ C.O.D. |
| (Transfer from service label) 7001 0320 0006 0189 5226 | |
| PS Form 3811, March 2001 Domestic Return Receipt | |
| - Silvestio Hetal | 102595-01-M-1424 |