

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:

Marianne Thomsen, Plant Manager
 Leprino Foods Company
 311 North Sheridan Road
 Remus, MI 49340

2. Article Number

(Transfer from service label)

7001 0320 0005 8918 8013

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Debra M. Gorby 5-7-07

C. Signature

X Debra M. Gorby Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: No

CERCLA-05-2007-0009
 EPCRA-05-2007-0017
 MM-05 2007-0005

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes