


**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:

  
**Kevin Grant, President**  
**Electro - Max, Inc.**  
**105 N. Rowell Road**  
**Hampshire, Illinois 60140**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address

*K. Grant*

B. Received by (Printed Name) C. Date of Deliv.

*KEVIN R. GRANT 7-2*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8931 8045**