

**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:

Whit Gallagher, President  
 House of Flavors, Inc.  
 110 North William Street  
 Ludington, MI 49431

2. Article Number

(Transfer from service label)

7001 0320 0006 1454 1875

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

S. SCHEICEL

B. Date of Delivery

2/19/08

C. Signature

X *S. Scheicel*

Agent

Addressee

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

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0006 1454 1875

CEPCEA-05-2008-0003  
 EPCEA-09-2008-0006  
 USE

Postage	\$ 1.34
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Other Fees	0.95



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for Instructions