

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:

Michael A. Nash
 3M Company
 3M Ctr., Bldg 0220-09-E-02
 P.O. Box 33428
 ST. Paul, MN 55133-3428

2. Article Number

(Transfer from service label)

7001 0320 0005 8919 1563

PS Form 3811, March 2001

Domestic Return Receipt

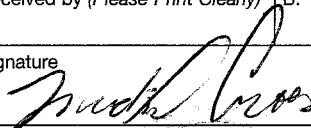
102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

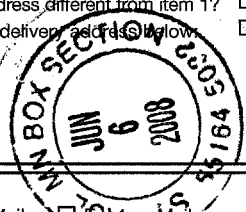
X



- 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