

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">CAA-07-2009-0011</p> <p style="margin-left: 20px;">Richard Story  Cellophane Operations Manager  Innovia Films, Inc.  6000 SE 2<sup>nd</sup> Street  Tecumseh, Kansas 66542</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 20px;">Henry Cox 7/15</p>
<p>2. Article Number  (Transfer from serv.)</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p>
<p>7006 2760 0000 8651 0068</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p style="text-align: right; font-size: 0.8em;">48000-02-01-1540</p>