

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

EPCRA-05-2008-0015

2. Article Number

(Transfer from service label)

7001 0320 0006 0183 0289

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Rebecca Flores

B. Date of Delivery

1-20

C. Signature

X

Rebecca Flores

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

Domestic Return Receipt

102595-01-M-1424