

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>x Nancy Haentisch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to: <i>CWA-07-2002-0184</i> <i>PCA-07-2002-0184</i></p> <p>WOLCO Inc. Gene A. Warmann, President 11360 Larimore Road St. Louis, Missouri 63138</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <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>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>) 7001 0320 0002 5013 8125</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>																							
7001 0320 0002 5013 8125	<table border="1"> <tr> <td colspan="2" data-bbox="795 981 1444 1053"> </td> </tr> <tr> <td data-bbox="795 1053 985 1101">Postage</td> <td data-bbox="985 1053 1176 1101">\$</td> </tr> <tr> <td data-bbox="795 1101 985 1149">Certified Fee</td> <td data-bbox="985 1101 1176 1149"> </td> </tr> <tr> <td data-bbox="795 1149 985 1197">Return Receipt Fee <small>(Endorsement Required)</small></td> <td data-bbox="985 1149 1176 1197"> </td> </tr> <tr> <td data-bbox="795 1197 985 1244">Restricted Delivery Fee <small>(Endorsement Required)</small></td> <td data-bbox="985 1197 1176 1244"> </td> </tr> <tr> <td colspan="2" data-bbox="795 1244 1444 1300"> To WOLCO Inc. </td> </tr> <tr> <td data-bbox="795 1300 840 1332"><i>Ser.</i></td> <td data-bbox="840 1300 1444 1332">Gene A. Warmann, President</td> </tr> <tr> <td data-bbox="795 1332 840 1364"><i>Stre</i></td> <td data-bbox="840 1332 1444 1364">11360 Larimore Road</td> </tr> <tr> <td data-bbox="795 1364 840 1396"><i>or F</i></td> <td data-bbox="840 1364 1444 1396">St. Louis, Missouri 63138</td> </tr> <tr> <td data-bbox="795 1396 840 1428"><i>City</i></td> <td data-bbox="840 1396 1444 1428"> </td> </tr> <tr> <td colspan="2" data-bbox="795 1444 1444 1476"> PS Form 3800, January 2001 See Reverse for Instructions </td> </tr> </table>			Postage	\$	Certified Fee		Return Receipt Fee <small>(Endorsement Required)</small>		Restricted Delivery Fee <small>(Endorsement Required)</small>		To WOLCO Inc.		<i>Ser.</i>	Gene A. Warmann, President	<i>Stre</i>	11360 Larimore Road	<i>or F</i>	St. Louis, Missouri 63138	<i>City</i>		PS Form 3800, January 2001 See Reverse for Instructions	
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