

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:

**Kristen W. Sherman
Assistant General Counsel
UTC Aerospace Systems
One Hamilton Road, MS 1-1-BC18
Windsor Locks, CT 06096**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gary Albert*

- Agent
 Addressee

B. Received by (Printed Name)

Gary Albert

C. Date of Delivery

7/6/15

D. Is delivery address different from item 1? Yes
 No
If YES, enter delivery address below:

Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 1200 0001 4321 2961

PS Form 3811, July 2013

Domestic Return Receipt