

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 we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Addressed to:

**James Matthews**  
**Technical Division Manager**  
**Specialities, LLC**  
**20 Southwest Grant Avenue**  
**Portland, OR 97223**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*James Matthews*  Agent  
 Addressee

B. Received by (Printed Name)

*James Matthews*

C. Date of Delivery

*8-31-12*

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

Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (from service label)

7011 2970 0000 0880 6023