SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIV	
<ul> <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>		C. Signature  X Randy Can	Agent Addressee
1. Article Addressed to:  1 erry Wright  Director of Manufacturing  Austin Powder Company		<ul> <li>D. Is delivery address different from item</li> <li>If YES, enter delivery address below:</li> </ul>	1? ☐ Yes ☐ No
		TSCA-05-2008-0002	
P.O. Box 317		3. Service Type ☐ Certified Mail ☐ Express Mail	
McArthur, OH 45651			ot for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7001 032	0006 0185 8023	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424			
U.S. Postal Service CERTIFIED MAIL RECEIPT Sonja Brooks-Woodard E-13J			
45 E 52 E 52		ΓSCA-05-2008-0002	
u	Postage \$	1	
	1	Postmark Here	
	Restricted Delivery Fee		
	Total Postage & Fees \$	Constant	7
Ē	uierry wri	gnt f Manufacturing	
	Street, Apt. No. Austin Po	wder Company	
5	or PO Box No. P.O. Box	317	
i I	City, State, ZIP+McArthur	OH 45651  See Reverse for Instr	uctions
	PS Form 3800. January 2001	See Reverse for insu	