SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	A. Signature Agent Agent Addresse B. Received by (Printed Name) C. Date of Deliver
1. Article Addressed to: Adam Barksdale, VP Manufacturing	<ul> <li>D. Is delivery address different from item 1? </li> <li>Yes If YES, enter delivery address below: </li> <li>No</li> </ul>
Holland 1916, Inc. 1340 Burlington Street North Kansas City, Missouri 64116	3. Service Type         Certified Mall       Express Mail         Registered       Return Receipt for Merchandis         insured Mail       C.O.D.
}	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from s 7006 2760 0000	8647 7279
PS Form 3811, February 2004 Domestic Re	etum Receipt 102595-02-M-15

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