

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:

Mr. Dale Stroud
 Uponor, Inc.
 5925 148th Street W.
 Apple Valley, MN 55124

2. Article Number
(Transfer from service label)

7003 3110 0003 0766 5585

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kris Pomeroy

- Agent
 Addressee

B. Received by (Printed Name)

Kris Pomeroy

C. Date of Delivery

2-2

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

07 FEB 2015 PM 51

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED FEB 05 2015

• Sender: Please print your name, address, and ZIP+4 in this box •

Mr. Donn Diebert
 DTSC - 11th Floor - MS 11A
 PO Box 806
 Sacramento, CA 95812-0806

