

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

NEW WINDSOR, IL 61465

7009 0960 0000 7350 2381

Postage	\$3.35
Certified Fee	\$2.75
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.59

PS Form 3811, February 2004

Attn: Troy Nimrick
 New Windsor Cable
 305 South 5th Avenue
 New Windsor, IL 61465

08/22/2017

0828 23

Mark Here

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...

Addressed to:

Attn: Troy Nimrick
 New Windsor Cable
 305 South 5th Avenue
 New Windsor, IL 61465

2. Article Number (Transfer from service label) 7009 0960 0000 7350 2381

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X Lori Olson

B. Received by (Printed Name) C. Date of Delivery
 Lori Olson 8-24-17

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

PO Box 488
 NEW WINDSOR, IL 61465-0488

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes