COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ 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. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, Tool (-sed ri) All or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: If YES, enter delivery address below: 4922 USF HOLLAND, INC. 750 EAST 40TH STREET HOLLAND MI 49423 3. Service Type □ Certified Mail ☐ Express Mail 07-787-TR-CVF Return Receipt for Merchandise ☐ Registered 01-763 TR-CVF □ C.O.D. ☐ Insured Mail Restricted Delivery? (Extra Fee) ☐ Yes 7002 2410 0000 1637 4205 2. Article Number (Transfer from service label) PS Form 3811, February 2004 102595-02-M-1540

Domestic Return Receipt

UNITED STATES POSTAL SERVICE PTOS 1411 FIRST Class Mail Prostage & Fee Paid USPS Permission 10

