

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:

AMETEK WESTCHESTER PLASTICS
42 MOUNTAIN AVENUE
NESQUEHONING, PA 18240-2201

10-3054-RR-RCP

2. Article Number
(Transfer from service label)

7007 2680 0001 0484 6335

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kellie Miller*☐ Agent☒ Addressee

B. Received by (Printed Name)

Kellie Miller

C. Date of Delivery

1/18/11

D. Is delivery address different from item C?

☐ Yes

If YES, enter delivery address below

☐ No

Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes