

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at usps.com

OFFICIAL

7014 2870 0001 3382 2750

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery (Endorsement Required) _____

AUTOGAL, INC.
 AGENT: THREE PRENTICE-HALL CORPORATION SYSTEM INC.
 2711 CENTERVILLE ROAD, SUITE 400
 SILMINGTON, DE 19808

003199

State or Foreign City, State

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 8. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *William Lally* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

Address different from item 1? Yes
 or delivery address below: No

AUTOGAL, INC.
 AGENT: THREE PRENTICE-HALL CORPORATION SYSTEM INC.
 2711 CENTERVILLE ROAD, SUITE 400
 SILMINGTON, DE 19808

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7014 2870 0001 3382 2750

PS Form 3811, July 2013

Domestic Return Receipt