

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>William J. ...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Addressee to: AUTOGAL, INC. AGENT: THE PRENTICE-HALL CORPORATION SYSTEM INC. 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7011 3500 0003 1810 9595</p>

PS Form 3811, July 2013

Domestic Return Receipt

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

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

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee		003799	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

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

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0003 1810 9595