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<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. 	A. Signature <input checked="" type="checkbox"/> X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 080390 BUSINESS PRODUCTIVITY SOLUTIONS A MINNESOTA Corporation, I Mr. Andoni Economou 44 Wall Street, 6th Floor New York NY 10005-2416	B. Received by (Printed Name) 	C. Date of Delivery 8/18/08
2. Article Number <small>(Transfer from service label)</small> PSC-08-0524-PAA-TI	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
3. Article Number <small>(Transfer from service label)</small> 7004 1160 0004 5751 3248	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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