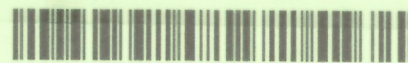


**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Kronos Incorporated  
 C/o Corporation Service Company  
 3366 Riverside Drive, Suite 103  
 Upper Arlington, OH 43221



9590 9402 8003 2305 2980 60

2. Article Number (Transfer from service label)

2 3330 0001 3462 0174

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

RECEIVED

Corporation Service Company

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

SEP 06 2023

By  
Amy E. Kuhlman  
Agent

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

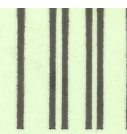
Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

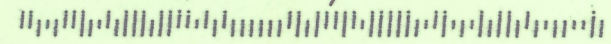
9590 9402 8003 2305 2980 60

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

AUDITOR OF STATE  
88 EAST BROAD ST.  
SUITE 400  
COLUMBUS, OHIO 43215

*Cara yoder*



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