் பாதன் வால் இதிய சட்டுப் மாதி நட	•
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 print point if space permits. 	A. Signature A. M. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. B. Breceived by (Printed Name) D. Date of Delivery
1, Article As ressed to:	D. Is delivery address different from item 1? D Yes If YES, enter delivery address below: D No
HOT SHOT EXPRESS, INC.	
WILLIAM H. PEIFFERD	
P.O. BOX 600	3. Service Type
SPRING CITY PA 19475	Certified Mall Express Mall Registered Recurn Receipt for Merchandise Insured Mall C.O.D.
08-1186	4. Restricted Delivery? (Extra Fee)
A diala hi mban	2680 0001 0484 5381
PS Form 3811, February 2004 Domestic I	Return Receipt 102595-02-M-1549

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