

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

S VITALE PYROTECHNIC INDUSTRIES INC
P. O. BOX 149
NEW CASTLE PA 16103

09-378-TR-CUF

2. Article Number
(Transfer from service label)

7007 2680 0001 0485 0897

COMPLETE THIS SECTION ON DELIVERY

- A. Signature LA HAMED ☒ Agent ☐ Addressee
- B. Received by (Printed Name) LA HAMED C. Date of Delivery AUG 24 2009
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Type of Mail ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes