

08-337-TR-CVF  
05-170-TR-CVF  
05-770-TR-CVF

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>11/9/09</i></p> <p>D. Is delivery address different from item 3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below</p> <p>3. 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
SHERWIN-WILLIAMS COMPANY ATTN: VICE PRESIDENT-ADMINISTRATION 101 PROSPECT AVENUE CLEVELAND, OH 44113		<p>NOV 16 PM 3:16 UCD FED-LOCKER IN</p>	
2. Article Number (Transfer from service label)		7002 2410 0000 1632 2787	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1640	

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician Bmm Date Processed 11/16/09