

09-1008-TR-CVF

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION	
<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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>x <i>Judith E. Harmon</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>1-16-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:			
THE TAURO BROTHERS TRUCKING CO 1009 FIRESIDE DRIVE BRUNSWICK OH 44212		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7002 2410 0000 1632 3081			
PS Form 3811, February 2004		Domestic Return elpt 2595-02-M-1540	

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 2 Date Processed JAN 20 2010