

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:

ATLAS CONCRETE WALLS
44901 STATE ROUTE 18
WELLINGTON OH 44090

07-740-TR-LVF

2. Article Number

(Transfer from service label)

7002 2410 0000 1632 3302

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-25

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED-DOCKETING DIV

2010 JAN 27 PM 3:08

PUCO

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Technician mmm Date Processed 01-27-10