


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 10-1079 -TR-CVF B.J. ALAN COMPANY, ANTHONY DONOFRI DEPUTY GENERAL COUNSEL 555 MARTIN LUTHER KING, JR. BLVD YOUNGSTOWN OH 44502-1102		B. Received by (Printed Name) Scott Allen	
		C. Date of Delivery AUG 30 2010	
		D. Is delivery address different from item 1? If YES, enter delivery address below	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
		Extra? (Extra Fee) <input type="checkbox"/> Yes	
2. A... 7 7007 2680 0001 0486 9561			
PS Form 3811, February 2004 108895-02-44-1540			

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