

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>AFFORDABLE TOURS &amp; TRANSPORTATION INC DBA URBAN EXPRESS TRANSPORTATION 1640 EAST 5TH AVE COLUMBUS OH 43219</p> <p>11-4901-TR-CVF</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>Ken TSEV312</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>Type</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 1570 0000 6126 5017</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-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 IN Date Processed NOV 17 2011