TIOS OF ENVELOPE TO THE BYOLD	
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature X Alam Harps Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes 'f YES, enter delivery address below:
AP INDUSTRIES INC.	P.O. Box 369 Atlasburg, PA 15004
VILLIAM J. PORTER MANAGER 575 SMITH TOWNSHIP STATE ROAI TLASBURG, PA 15004	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label,	35 5470 0000 7P25 0595
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

