

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. 		<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>OHIO BUS ASSOCIATION 33 S. GRANT AVE COLUMBUS, OH 43215</p> <p>06-733-TR-ORD</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>11-25-06</i></p>	
<p>2. Article Addressed to:</p> <p>OHIO BUS ASSOCIATION 33 S. GRANT AVE COLUMBUS, OH 43215</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Tracking Number: 7002 2410 0000 1637 4960</p>		<p>RECEIVED 2006 NOV 28 AM 9:22 COLUMBUS OH</p>	

PS Form 3811, August 2001

Domestic Return Receipt

109908-01-01-2509

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 *DB* Date Processed *11-28-06*