SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. 	A. Signature X		
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery 4-24-08		
1. Article Addressed to: Spacial Fuel Service, Inc. Jehnis & Jennis LLP P.D. BOX 1237	D. Is delivery address different from item 1? If YES, enter delivery address below: No		
Worthungton, Othio 43085-1237	3. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

United States Postal Service		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
Serider: Please of the your not be serious and serious	TIES COMMISSION OF OHI	1
6 07-780-	TR-CYF	1