COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, ELECTE or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: TCT, INC./JOHN R.SCHNEIDER 18918 ALEXANDER ROAD WALTON HILLS OH 44146 3. Service Type ☐ Express Ma ☐ Certified Meii Return Receipt for Merchandise ☐ Registered ☐ Insured Mail 08-379-TR-CVF 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 70012510 004 7177 0871 (Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

