• •	- Comment of the Comm
SENDER: COMPLETE THIS SECTION	O DMPDETATIONS SECONDOLOTY OF COLOR
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A Signature X Dirwar L. Limber Dagent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from 12
RICK TOMLISON TRUCKING 1040 STRAIGHT CREEK ROAD	
WAVERLY OH 45690	3. Service Type DExpress Mall
09-290-TR-CVF	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.S.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service lebel) 7007 2	680 0001 0484 7439
PS Form 3811, February 2004 Domestic Patieth Receipt 102595-02-M-1540	

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Technician Date Processed MAY 11 2009