

SENDER: COMPLETE

- 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.

1. Article Addressed to:

WILLOW CREEK FARMS
69616 VINEYARD RD
ST. CLAIRVILLE OH 43950

08-1023-TR-CLVF

2. Article Number
(Transfer from service label)

7007 2680 0001 0484 7156

PS Form 3811, August 2001

Domestic Return Receipt

102505-02-M-15-00

A. Signature <i>[Signature]</i>		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Julian E. Porter</i>		C. Date of Delivery <i>5-7-09</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below		<input checked="" type="checkbox"/> No
<p style="text-align: center;">PUCB</p> <p style="text-align: center;">APR 1 2009</p> <p style="text-align: center;">RECEIVED-COCKEYING DIV</p>		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Other		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

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 SM Date Processed MAY 11 2009