

SENDER: COMPLETE THIS SECTION

- 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:

LIBERTY TRANSPORTATION, INC
P.O. BOX BOX 377
NEW ALEXANDRIA PA 15670-0377

09-298-TR-CVF

2. Article Number
(Transfer from service label)

7007 0220 0000 2272 5350

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kim Turcheck

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Kim Turcheck

C. Date of Delivery

6/22/09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra fee)

☐ Yes

I certify that the images appearing are an
complete reproduction of a case file
received in the regular course of business
Date Processed JUN 24 2009

technician

FILE