

FILE

<p>SENDER - COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">LIBERTY TRANSPORTATION, INC P.O. BOX BOX 377 NEW ALEXANDRIA PA 15670-0377</p> <p style="font-size: 1.5em; margin-top: 20px;">09-298-TR-CVF</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Kim Turcher 10-13-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, enter delivery address below:</p> <p style="text-align: center; font-weight: bold; font-size: 1.5em; transform: rotate(-90deg);">UCO</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">OCT 16 AM 11:11</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED - DOCKET MAIL</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input 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"/> C.O.D.
<input 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"/> C.O.D.						

2. Article Number 7007 2680 0001 0485 1306

(Transfer from service label)

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Technician Date Processed **OCT 16 2009**