

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>11-28-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If yes, enter delivery address below: <input type="checkbox"/> No</p>
<p>THE TAURO BROTHERS TRUCKING CO          1009 FIRESIDE DRIVE          BRUNSWICK OH 44212</p>	<p>RECEIVED          NOV 30 PM 3:30          UCCO          MAIL ROOM</p>
<p><i>09-1008-TR-CVF</i></p>	<p>3. Service Type  <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7007 2680 0001 0485 1511</i>          (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return #02595-02-M-1540</p>	

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 NOV 30 2008