

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.

NATIONAL SAFE T PROPANE INC
ROBERT RETTICH III
45 EAST MARKET STREET
GERMANTOWN OH 45327

08-24-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 1542

PS Form 3811, February 2004

Domestic Return Receipt

10295-22-10-1040

COMPLETE THIS SECTION (IN DELIVERY)

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Mimi DeBrow

C. Date of Delivery

12-4-09

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

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 DK Date Processed 12/9/09