

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>[Signature]</u></p> <p>B. Received by (Printed Name) <u>ASAP</u></p> <p>C. Date of Delivery <u>12/3/09</u></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>ASI 762 MT.</p> <p>T 108 N7E 1 A091 40 11/30/09</p> <p>ASPHALT MAINTENANCE SERVICES</p> <p>8330 251ST ST</p> <p>FLORAL PARK NY 11001-1126</p> <p>SC: 11001112830 *2373-04995-100-45</p> <p>09-297-TR-CVF</p>		<p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <u>1001</u> <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label) <u>7007 2680 0001 0485 1450</u></p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 105005-02-M-1540</p>			

This is to certify that the images appearing are an accurate and complete reproduction of a case file delivered in the regular course of business.

DR Date Processed 12/9/09