

FILE

RECEIVED-DOCKETING DIV

2010 JAN 26 AM 8:50

PUCO

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 flat if space permits.

1. Article Addressed to:

BYERS, CHARLES W  
7 VIRGINIA DR  
MOKEESPORT PA 15133

09-1057-TR-CVF

2. Article Number

(Transfer from service label)

7002 2410 0000 1632 3234

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-11540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*C. Byers*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*C. Byers*

C. Date of Delivery

*1-22-10*

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 DMM Date Processed 01-26-10