

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.

1. Article Addressed to:

MILAN EXPRESS CO INC
 1091 KEFAUVER DRIVE
 PO BOX 699
 MILAN TN 38358

09-651-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 1771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Tom [unclear]

C. Date of Delivery

02-12

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 OC Date Processed 2-16-2010

RECEIVED - DOCUMENTS DIV
 2010 FEB 6 8:57
 PUSCO