

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION TO DELIVER | |
|--|--|---|--|
| <ul style="list-style-type: none"> ■ 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. | | <p>A. Signature X <u>Sue Welch</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>LUTHER TRANSFER INC WILLIAM S LUTHER 1912 11TH STREET PORTSMOUTH OH 45662</p> <p>09-943-TR-CVF</p> | | <p>B. Received by (Printed Name) <u>Sue Welch</u></p> <p>C. Date of Delivery <u>2/12/10</u></p> | |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| | | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</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>2. Article Number (Transfer from service label)</p> <p>7007 2680 0001 0485 1787</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

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 PR Date Processed 2/16/2010