

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. ■ Affix this card to the back of the mailpiece, or to the first space permits. 1. Addressee THE T. URO BROS TRKG 1009 FIRESIDE DR. BRUNSWICK OH 44212 09-1008-TR-CVF	Signature <i>[Signature]</i> ☐ Agent ☐ Addressee 2. Registered by (Print Name) ☐ Date of Delivery RECEIVED DOCKETING 3-8-10 3. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: PUCO 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7002 2410 0000 1632 3463	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 _____ Date Processed **MAR 09 2010**