

FILE

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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 <i>(X) Teresa Putnam</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Teresa Putnam</i> C. Date of Delivery <i>3-15-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>2010 MAR 16 PM 1:29 PUCO</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: D & J TRANSPORT OF BEAVER OHIO LLC 109 MIDDLE ST PIKETON OH 45661			
2. Article Number (Transfer from service label)		7002 2410 0000 1632 3548	
PS Form 3811, February 2004		Domestic Return Receipt 109506-09-10-1040	

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 *for* Date Processed *3/17/10*