

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>* Cynthia M Sparks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>SPARKS COMMERCIAL TIRE INC DAVID SPARKS 16764 S R 12 E PO BOX 177 FINDLAY OH 45839</p>		<p>B. Received by (Printed Name) <i>Cynthia</i></p> <p>C. Date of Delivery <i>20-10</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>10-531-TR-CVF</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
		<p>7007 2680 0001 0485 1405</p>	

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 *SM* Date Processed MAY 24 2010