

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR 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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X Ciara Fecho</i> </p>	
<p>1. Article Addressed to:</p> <p>FECHKO EXCAVATING, INC.              865 WEST LIBERTY ST., SUITE 120              MEDINA OH 44256</p>		<p>B. Received by (Printed Name)  <i>Ciara Fecho</i></p>	
<p>2. Article Number  <i>10-292-TR-CVT</i></p>		<p>C. Date of Delivery  <i>6/14/10</i></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"/> COD</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>5. Delivery Point</p> <p><i>PHOTO DIV</i></p>	
<p>6. Transfer from service label</p>		<p>7. Tracking Number</p> <p><i>7007 2680 0001 0486 8533</i></p>	

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 *DR* Date Processed *6-15-2010*