

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION BY 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  X <i>Lowell E. Dill</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DILL OIL COMPANY, INC.  401 UNION STREET  GREENVILLE OH 45331</p> <p><i>DA-135-TR-CVF</i></p>		<p>B. Received by (Printed Name)  <i>Lowell E. Dill</i></p> <p>C. Date of Delivery  6-17-10</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  <input checked="" 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>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7007 2680 0001 0484 7262</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102985-02-14-1540</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 *SM* Date Processed *JUN 18 2010*