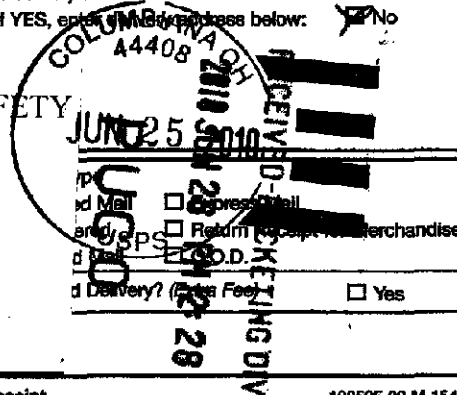


FILE

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 X <i>J. Vass</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>10-608</i></p>		<p>B. Received by (Printed Name) <i>DCell</i></p>	
<p>DART TRUCKING COMPANY INC SAFETY DIRECTOR RONALD R VASS 41738 ESTERLY DRIVE PO BOX 60 COLUMBIANA OH 44408</p>		<p>C. Date of Delivery <i>6/25/10</i></p>	
<p>2. <i>7007 2680 0001 0486 9110</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter alternate address below:</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>102505-02-M-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 MN Date Processed 6-28-10