

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

MASON DIXON INTERMODAL INC  
KIM GENEVESE  
12755 EAST NINE MILE ROAD  
WARREN, MI 48089

10-603-TR-CVF

7007 2680 0001 0486 9233

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X M Bertello

☐ Agent

☐ Addressee

B. Received by (Printed Name)

M Bertello

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

RECEIVED-DOCKETING DIV

2010 JUL -6 PM 3:44

• Sender, please print your name, address, and ZIP+4 in this box •

REC'D  
FILL CO. / Docketing 11th floor  
180 E. Broad St.  
Columbus, Ohio  
43215

