

10-244-TR-CVF

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 <u>Donnie Ostrander</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Donnie Ostrander</u> C. Date of Delivery <u>7/20/10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>3. Service Type <input 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>	
1. Article Addressed to: ELITE EXPRESS LLC BONNIE OSTRANDER 9140 ANGOLA ROAD PO BOX 428 HOLLAND, OH 43528 <u>10-244-TR-CVF</u>		<p>RECEIVED-DOCKETING DIV JUL 21 PM 12:03 PUCO</p>	
2. Article Number (Transfer from service label) <u>7002 2410 0000 1632 4842</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-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 SB Date Processed 7/22/10