

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>J.M. SZEPINSKI 08-27</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>1. Article Addressed to:</p> <p>10-1005-TR-CVF</p> <p>MILAN EXPRESS CO., INC. 1091 KEFAUVER DRIVE P.O. BOX 699 MILAN TN 38358</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail</p>	
<p>2. 7007 2680 0001 0486 9493</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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 SM Date Processed AUG 30 2010