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| х | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---------------|--|---|
| | 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 malipiece, or on the front if space permits. | A. Signature |
| | | B. Received by (Printed Name) C. Date of Delivery |
| | 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | U S RAIL CORP MARION HALL 7846 W CENTRAL AVE TOLEDO OH 43617 | 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | 11-5675 | 4. Restricted Delivery? (Extra Fee) |
| | 2. Article Number 7 (Transfer from service label) | 007 2680 0001 0491 8818 |

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