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 	A. Received by (Please Print Clearly) B. Date of Delivery
 Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature X 1 AT Addressee
1. Article Addressed to:	 D. Is delivery address different from item 1? Ses If YES, enter delivery address below: No
	20 20
David T. Brown, President and CEO	
Owens Corning Corporation	
One Owens Corning Parkway	3. Service Type
Toledo, OH 43659	124-Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320 0006 0185 4995	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) CEALLA-05-2007-0911 CAFO Postage \$ 182 CAFO	
David T. Brown, President and CEO Ser David T. Brown, President and CEO Owens Corning Corporation	
Toledo, OH 43659	br Instructions

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