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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 mailpiece, or on the front if space permits. 	A. Signature X. Agent B. Received by (Printed Name) C. Date of Delivery 4. Addressee C. Date of Delivery 4. Addressee D. Is delivery ardress different from item 12 Yes
1. Article Addressed to: TSCA -07-2010 -0011 Mr. Ted Strasser	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Home Trailer Park Incorporated 6902 North 16th Street Omaha, Nebraska 68112	3. Service Type A Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 00	00 8647 7033
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1540

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