

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

David R. Sargent, General Counsel
PTC Alliance
Copperleaf Corporate Centre
6051 Wallace Road Ext, Suite 200
Wexford, PA 15090

2. Article Number
(Transfer from service label) **7001 0320 0006 0185 4834**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Sam Kerr** B. Date of Delivery **7/21/07**
 C. Signature **Sam Kerr** Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

CPALCA-05-2007-0016 **MA-05-2007-**
CPALCA-05-2007-0029 **0009**

Postage	\$ 131
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611

Postmark Here

David R. Sargent, General Counsel
PTC Alliance
Copperleaf Corporate Centre
6051 Wallace Road Ext, Suite 200
Wexford, PA 15090

4834 5PTD 0185 9000 0220 1001

See for Instructions