SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is at	COMPLETE THIS SECTION ON DELIVERY
Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature
or on the front if space permits. 1. Article Addressed to:	☐ Agent
Marian Gammon	If YES, enter delivery address
Arcelor Mittal Warren, Inc	APR 0 7 2010
2234 Main Avenue, SW	REGIONAL HEARING CLERK
Varren, 0H 44482	3. SACHS TABINITONMENTAL SECRETARIA SECTION AGES OF
AA-05-2610-0016	☐ Insured Mali ☐ C.O.D.
Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7001, 032	0,000 0145 0213
Form 3811, March 2001 Domestic Ret	