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. Received by (Please Print Clearly) B. Date of Delivery 7/C/07 C. Signature X
Article Addressed to:	If YES, enter delivery address below:
ames E. Mason, Site Manager GASF Corporation 175 Martin Street	
reenville, OH 45331-1886	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 (Transfer from service label)	0006 0185 4919
PS Form 3811, March 2001 Domestic Ret U.S. Postal Service	CEIPT
PS Form 3811, March 2001 Domestic Ret	CEIPT e Coverage Provided)