

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:

Mr. C.W. McGlocklin
SKF USA Inc.
890 Forty Foot Road
P.O. Box 332
Kulpsville, PA 19443-0332

EPORA-05-2009-0025

2. Article Number (Copy from service label)

7001 0320 0006 0189 4120

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent☐ AddresseeD. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

AUG 12 2009

REGIONAL HEARING CLERK

3. Service type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes