

**U.S. Postal Service<sup>SM</sup>**  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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OFFICIAL MAIL

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total</b>		<b>10/11/07</b>

Postmark  
Here

**Total** **Michael D. Griffin, President and CEO**  
 Verio Transportation  
 2015 Spring Road, No. 750  
 Oak Brook, IL 60523

**Client File** \_\_\_\_\_  
**Street 2** \_\_\_\_\_  
**or P.O. B.** \_\_\_\_\_  
**City, St.** **DOCKET NO.: CWA-08-2008-0001**

PS Form 3800, June 2002 See Reverse for instructions

7005 1160 0005 3398 0703

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: <b>RC</b> <span style="float: right;"><b>L</b></span></p> <p><b>Michael D. Griffin, President and CEO</b>          Verio Transportation          2015 Spring Road, No. 750          Oak Brook, IL 60523</p> <p><b>DOCKET NO.: CWA-08-2008-0001</b></p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">OCT 11 2007</p> <p>2. Article No. _____          (Transfer) <b>7005 1160 0005 3398 0703</b> <span style="float: right;"><b>(CA/FF)</b></span></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>M. D. Griffin</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. D. Griffin</i> C. Date of Delivery <i>10/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>