

EXHIBIT 4

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:

Ross Transport Co. Inc
 4220 Almond St
 Phila., PA
 19137

2. Article Number

(Transfer from service label)

7001 1140 0001 1044 0835

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charmaine Craig*

- Agent
- Addressee

B. Received by (Printed Name)

Charmaine Craig

C. Date of Delivery

8/11/01

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

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:

Arnold Steinman
 c/o Ross Transport Co. Inc
 4220 Almond St
 Phila., PA 19137

2. Article Number

(Transfer from service label)

7001 1140 0001 1044 0842

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charmaine Craig*

- Agent
- Addressee

B. Received by (Printed Name)

Charmaine Craig

C. Date of Delivery

8/11/01

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes