

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:

Peter Whiting, President
 Alliance Tubular Products Company
 640 Keystone Street
 P.O. Box 2298
 Alliance, OH 44601-2298

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Douglas Cook* B. Date of Delivery *2-23-07*

C. Signature *[Signature]* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0006 0185 4841**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0006 0185 4841

GENERA-05-2007-0016 MA-05-
PCRA-05-2007-0029 2007-0009

CAFC Postage	\$ <i>1.31</i>
SC-6J Certified Fee	<i>2.65</i>
ENTZMing Return Receipt Fee (Endorsement Required)	<i>2.15</i>
Restricted Delivery Fee (Endorsement Required)	
	<i>611</i>

Postmark Here

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Use for Instructions