

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. Michael Aukerman
 Michael Aukerman Excavating
 3180 County Rd 203
 McComb, Ohio 45858

2. Article Number

(Transfer from service label)

7001 0320 0006 1454 1700

PS Form 3811, March 2001

Domestic Return Receipt

102595-01^M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Rich Aukerman

B. Date of Delivery

6-2-07

C. Signature

X Rich Aukerman

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED
 MAIL ROOM
 JUN 2 2007
 REGIONAL SERVICE CENTER
 CLEVELAND, OHIO