

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. Frank Luszcz, President
Highway Safety Corporation
239 Commerce Street
Glastonbury, CT 06033

Docket No. EPCRA 01-2010-0041

2. Article Number
(Transfer from service)

7010 1870 0003 0467 1863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 D Thompson Addressee
- B. Received by (Printed Name) C. Date of Delivery
D Thompson *10-22-10*
- 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