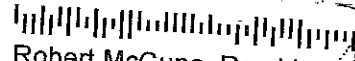


**SENDER: COMPLETE THIS SECTION**

- 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:

  
 Robert McCune, President  
 Superior Marine Ways, Inc.  
 5852 County Road 1  
 South Point, Ohio 45669

CAA-05-2015-0052

CAFO

2. Article Number  
(Transfer from service label)

7011 1150 0000 2640 4987

PS Form 3811, February 2004

Domestic Return Receipt

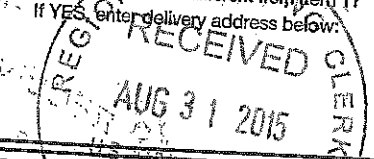
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*X* *Sharon Fawcett*  Agent  Addressee

B. Received by (Printed Name) *Sharon Fawcett* C. Date of Delivery *8-25-15*

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

  
 ENVIRONMENTAL  
 REGISTERED MAIL  
 EXPRESS MAIL  
 RETURN RECEIPT FOR MERCHANDISE  
 C.O.D.


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.
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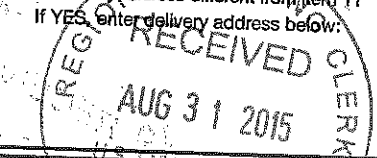
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

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*X* *Sharon Fawcett*  Agent  Addressee

B. Received by (Printed Name) *Sharon Fawcett* C. Date of Delivery *8-25-15*

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If YES, enter delivery address below:

  
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 REGISTERED MAIL  
 EXPRESS MAIL  
 RETURN RECEIPT FOR MERCHANDISE  
 C.O.D.

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

4. Restricted Delivery? (Extra Fee)  Yes