

**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:

Keith E. Giancola  
5723 New Castle Road  
Lowellville, Ohio 44435-9514

**TSCA-05-2007-0015**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Robin L. Giancola** B. Date of Delivery **8-27-07**

C. Signature **x Robin L. Giancola**  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.

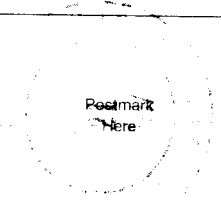
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8931 9196**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(#Sonja Brook-Woodard E-13J [redacted] ded)  
**TSCA-05-2007-0015**

7001 0320 0005 8931 9196

Postage	\$ 1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>



Sent To **Keith E. Giancola**

Street, Apt. No., or PO Box No. **5723 New Castle Road**

City, State, ZIP+4 **Lowellville, Ohio 44435-9514**