

**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: 12/4/08 B.M.  
 PCB 2009-026  
 James O. Beavers, R.A.  
 re: Triple A Asbestos Services,  
 Inc.  
 221 West Main Cross  
 P.O. Box 320  
 Taylorville, IL 62568

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 7843

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*David Stone*

Agent

Addressee

B. Received by (Printed Name)

DAVID STONE

C. Date of Delivery

12-10-08

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