

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: 3/15/12 B.M.
 AC 2012-027
 R.A. Republic Services of
 Indiana, LP
 CT Corporation Systems
 208 S. LaSalle Street
 Suite 814
 Chicago, IL 60604-1101

2. Article Number-

(Transfer from service label)

7011 0110 0001 8270 0478

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

CT SOP DEPT

RECEIVED
 R 19 2012