

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: 12/6/12 B.M.
 AS 2012-003
 Barbara J. Mathey
 Midway RACs, LLC
 Enterprise Holdings
 600 Corporated Park Drive
 St. Louis, MO 63105

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 2366

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

TRALLION

C. Date of Delivery

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

DEC 10 2012

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes