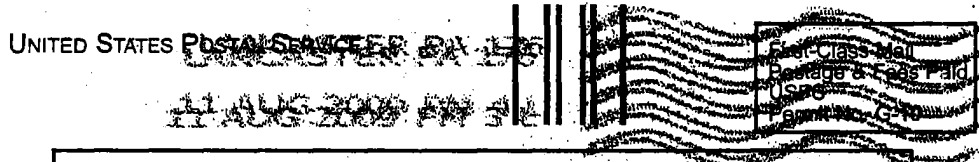


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Ronald Whittaker</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Ronald T. Whittaker, Sr. 2878 Lincoln Highway East Ronks, PA 17572</p>	<p>B. Received by (Printed Name) <i>Ronald Whittaker</i></p>	<p>C. Date of Delivery <i>8/11/09</i></p>
<p>2. Article Number (Transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 0100 0005 1039 2918</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>		



• Sender: Please print your name, address, and ZIP+4 in this box •
(1 of 2) 8/10/09 Order (J. Conner)
Whittaker v. Spangolshausen (1:08-cv-00627)

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