

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

| | |
|---|----------------|
| Postage | \$.44 |
| Certified Fee | 2.80 |
| Return Receipt Fee (Endorsement Required) | 2.30 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 5.54 |

Postmark Here
 APR 16 2010
 CAPITOL STATION MADISON IN USPS

Sent To: LESTER FLEMONS
 TRANSPAC SOLUTIONS
 Street, Apt. 1 or PO Box N: PO BOX 36220
 City, State, Z: LOUISVILLE KY 40233

PS Form 3811 015

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:

LESTER FLEMONS
 TRANSPAC SOLUTIONS
 PO BOX 36220
 LOUISVILLE KY 40233

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X SB 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

APR 17 2010
 LOUISVILLE KY 40227
 CALLER SECTION

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) 7002 0860 0004 2961 4568

PS Form 3811, February 2004 Domestic Return Receipt 4568 102595-02-M-1540