the state of the s	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. Article Addressed to: Charles 4 4 6 5 5 P.O. 13 5 4 5 6	A. Signature X
Milton, Pa 17847	3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise C.O.D.
Case# 06-1141-TR-CUY	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 700	2 2410 0000 1637 4694
PS Form 3811, August 2001 Domestic Ret	um Receipt 102595-01-M-2509

