

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. x₿₽₩ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 10-10-06 Betn Ferris or on the front if space permits. □ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Ferris David 2733 W. Dublin Granville Columbus, Oh. 43235 3. Service Type Certified Mail Express Mail Beturn Receipt for Merchandise Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 7002 2410 0000 1637 4458

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509