

07-908-TR-CVF

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature X <i>LEO NAGLE</i> <input type="checkbox"/> Agent</p> <p>B. Received by <i>LEO NAGLE</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery OCT 03 2007</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>USPS</p>
<p>1. Article Addressed to: <b>LEO NAGLE</b> <b>5324 STRETER RD</b> <b>MANTUA, OH 44255</b></p> <p><i>07-908</i></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>2. Article Number (Transfer from service label) <b>7001 2510 0004 7177 1281</b></p>	

PS Form 3811, August 2001 Domestic Return Receipt 102585-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician SM Date Processed 10/5/07