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	A. Signaturey  X  Agent  Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.  I. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
IACKSON & SONS DRILLING & PUN IAMES JACKSON	' ≥ -
3401 ST. RT. 13 S MANSFIELD,OH 44904	3. Service Type  ☐ Certified Mail ☐ Express Mail  Application
07-1162-7R-CVF	Register Resident for Merchandise  Insured Mail Co.D. The Yes  Restricted Delivery? (Brita Fee)
2. Article Number (Transfer from service label) 7000 051	0012 1086 3877

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540