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 malipiece, or on the front if space permits. 	A Signature A Agent Addresse B. Received by Rinted Name C. Date of Deliver
Article Addressed to:	If YES, enter delivery address below: No
, City of Trotwood Donald McLaurin	
5455 Sherfield Drive Dayton OH 45426	3. Service Type Certified Mail
07-1080 + 07-1081	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 2760] 0001 4456 6662
PS Form 3811 February 2004 Domestic R	eturn Receipt 102595-02-M-15

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