

SENDER: COMPLETE THIS SECTION

- 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.

HAUENSTEIN, MATTHEW E
5705 MADDEN ROAD
CRIDERSVILLE OH 45806

09-184-TR-LVF
09-185-TR-LVF

2. Article Number
(Transfer from service label)

7007 0220 0000 2272 5435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Matthew E Hauenstein

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Matthew Hauenstein

C. Date of Delivery

4/7/09

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☒ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes