

**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.

1. Article Addressed to:

WILCOX, MARK E.  
9200 JOHNSTOWN-ALEX RD.  
JOHNSTOWN OH 43031

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-18-09

D. Is delivery address different from item 1? ☐ YesIf 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

7007 0220 0000 2272 5534

Domestic Return Receipt

102595-02-M-154