

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

RICE, DAVID L ATTORNEY AT LAW
CHURCHILL, SMITH, RICE, SWINKEY & KUHN,
L.L.P.

9042 LEWIS AVENUE

P.O. BOX 490

TEMPERANCE, MI 48182

08-1133-TR QVF

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X A. Young

☒ Agent

☐ Addressee

B. Received by (Printed Name)

A. Young

C. Date of Delivery

7-20-09

area from item? ☐ Yes
address below ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 2680 0001 0484 7217

Domestic Return Receipt

102595-02-M-1501