

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ 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. | A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> |
| 1. Article Addressed to: CARLOS GAD 604 PORTAGE ROAD WOOSTER OH 44691 CASE# 09-0716-TR-CVF | B. Received by (Printed Name) UC Ch... C. Date of Delivery 9-23 |
| 2. Article Number: (Transfer from service label) 7007 2680 0001 0485 2A02 | D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business
 Technician DF Date Processed 9-28-09