

**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:

NICK DIVJAK  
04302 CR R  
MOTPELIER OH 43543

09-381-TR-CVF

2. Article Number

(Transfer from service)

7007 2680 0001 0491 9631

PS Form 3811, February 2004

Domestic Return Receipt

102885-02-M-1546

**COMPLETE THIS SECTION (For Agent or Addressee)**

A. Signature

X *Kristy Divjak*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Kristy Divjak*

C. Date of Delivery

*12/26/09*

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

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 *Jim* Date Processed *12/28/09*