FILE

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:

BUTLER, ANTHONY
225 S SANDUSKY STREET, #44
DELAWARE OH 43015

09-744-TR-CVF

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by (Printed Name)
Anthony R Butler

C. Date of Delivery
2-27-10

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

2. Article Number
(Transfer from service label) 7002 2410 0000 1632 3159

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-

RECEIVED-DOCKETING DIV
2010 MAR -1 PM 3:37

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 _____ Date Processed MAR 01 2010