
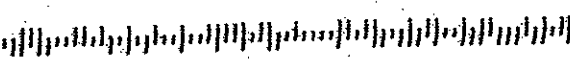


FILE

USPS TRACKING#		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
		
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United States Postal Service	• Sender: Please print your name, address, and ZIP+4® in this box®  0300 180 E BROAD ST 11 <sup>TH</sup> FL COLUMBUS OH 43215 67:4 Wd 5131V 6102 413 9N13E300-001	
		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ 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 P Duell <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  D CASEY TALBOTT, EASTMAN & SMITH LTD NORFOLK SOUTHERN RAILWAY ONE SEAGATE 24 <sup>TH</sup> FL PO BOX 10032 TOLEDO OH 43699 15-0508-RR-UNC		B. Received by (Printed Name) P Duell C. Date of Delivery 8/8/19	
2. Article Number (Transfer from service label) 7018 0680 0001 5185 6417		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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 Technician A Date Processed 8/16/19