SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY e^{λ} ,
 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, 	A. Signature X / (/ Address B. Received by (Printed Name) C. Date of Deliv
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No
AMY MILLER-UPDIKE STONY RUN INTERPRISES INC 3772 OLD OXFORD ROAD HAMILTON, OH 45013	
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ C.O.D.
6.# 07- 50-TR. CT	4. Restricted Delivery? (Extra Foo) □ ∀os

Domestic Return Receipt

7001 2510 0004 7177 1304

102595 02 54-15

2. Article Number

(Transfer from service label)
PS Form 3811, February 2004