

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Andrea M. Gehl ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Andrea M. Gehl 4-3-07

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
enter delivery address below: ☐ No

ROCKMILL MACHINERY TRANSFER, INC.
9024 LANCASTER-CIRCLEVILLE RD.
AMANDA, OH 43103

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) ☐ Yes

2. Article Number

(Transfer from service label)

07-18-TR-CV4
7001 2510 0004 9176 9244

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540