SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallplece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> BRACKENRICH, STEPHEN R	A. Signature    Agent
4711 NEW MILFORD RD RAVENNA, OHIO 44266	3. Service Type  Certified Mall
7001 2510 0004 9176 9237	The state of the s
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540

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<ul> <li>Sender: Please print your name, address, and ZIP+4 in this box</li> </ul>					
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