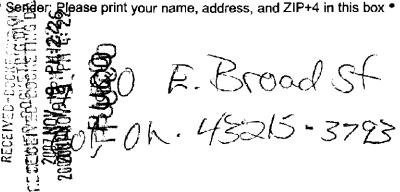
| | | • | | | |
|--|----------------------------------|--|-------------|-------|---------------------------|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address 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. | | A. Signature X Margie A. Pholos ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery MARGIE A. RHOOES | | | |
| Article Addressed to: | D. Is delivery a If YES, ente | | | | |
| IUE, KERRY ATTORNE GER 7 DONAHUE | | | | | |
| 4ERALD PARKWAY 1, OH 43016 | | 3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D. | | | |
| 07-1132 | 4. Restricted 0 | Delivery? | (Extra Fee) | ☐ Yes | |
| Article Number (Transfer from service lat | 7002 2410 | 0000 JP | 50 i | 9493 | |
| PS Form 3811, February 2004 | Domestic Return Receipt | | | | 1025 <u>95-02-M-1</u> 540 |
| | | | | | |
| | | | | | |



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Rease print your name, address, and ZIP+4 in this box •



talists disable all data the addission distribution.