

08-43-TR-CVF

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><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 mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>David Pheanis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: <i>DAVID PHEANIS II</i> <i>258 N. DELMAR AVE</i> <i>DAYTON, OH - 45404</i>		B. Received by (Printed Name) <i>DAVID PHEANIS II</i> C. Date of Delivery <i>2008 MAR 21 AM 11:15</i>	
2. Article Number <i>7007 2680 0001 0490 7690</i> <small>(Transfer from service label)</small>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

PS Form 3811, February 2004 Domestic Return Receipt 109595-00-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a card file document delivered in the regular course of business.  
Technician *SM* Date Processed *3/21/08*