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 mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Music Addressee  B. Received by (Printed Name)  C. Date of Delivery  L. C. D. Is delivery addresse different from item 12 Yes
Article Addressed to:  LYDEN OIL COMPANY	If YES, enter delivery address below: ☐ No
PAUL A LYDEN 3711 LEHARPS ROAD YOUNGSTOWN OH 44515	3. Service Type  Certified Mail:   Express Mail:
09-146-TR CVF	☐ Registered ☐ Retain Receipt for Merchandise ☐ Insured Mai ☐ C.O.D.  4. Restricted Delivery? (Extra Ege) ☐ Yes
2. Article Number (Transfer from service label) 7007 0220	0000 2272 5442
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-W-1540