SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature □ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different mitem 📆 Article Addressed to: If YES, enter delivery address below:-☐ No SMITH, PHILIP 629 S FAYETTE WASHINGTON COURT HOUSE, OH 43160 3. Service Type □ Certified Mail Express Mail □ Return Recelet for Merchandise □ Registered 09-422 TR-CUF □ c.o.b. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7007 0220 0000 2275 1502 (Transfer from service label) PS Form 3811, February 2004

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