

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

LAZER EXPRESS INC
6950 TRENTON FRANKLIN ROAD
MIDDLETOWN OH 45042

09-577-TR-CVF

2. Article Number
(Transfer from service label)

7007 2680 0001 0485 2525

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Levi's Lingell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ S.S.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

RECEIVED-DOCKETING DIV
 AUG - 3 PM 1:10
 PUCO