

FILE

SENDER TO 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 * <i>[Signature]</i> B. Received by (Print Name) <i>W. J. Reynolds</i> C. Date of Delivery <i>AUG 31 PM 2:00</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No E. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. F. Restricted Delivery? (Extra Fee) ☐ Yes	
1. Article Addressed to: WAYNE K. WILD 866 N ASH ROAD MANISTIQUE, MI 49854			
2. Article Number (Transfer from service label) 09-95-TR-CVF 09-96-TR-CVF		7007 2680 0001 0485 2303	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician 2 Date Processed - AUG 31 2008