FILE

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:

SAMUEL JACOB ALLEN
7626 DOUGLAS ROAD
LAMBERTVILLE, MI 48144

09-570-TR-CVF

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sue Allen
☐ Agent
☐ Addressee

B. Received by (Printed Name) Sue Allen
C. Date of Delivery 8-27-09

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

-DOCKETING
31 PM 3:20
UCO

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7007 2680 0001 0485 2334

PS Form 3811, February 2004 Domestic Retu[illegible] 102595-02-M-1540