

FILE

SLIPPER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p>A. Signature X <u>Donald Hill</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">HILL, DONALD G 2700 CORNSTALK AVE. ASHVILLE OH 43103</p> <p>08-1259-TR-CVF</p>		<p>B. Received by (Printed Name) <u>DONALD HILL</u> Date of Delivery <u>9/9/09</u></p>	
		<p>D. Is delivery address different from Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0220 0000 2272 5374</p>	

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 J Date Processed SEP 8 2009