SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter stell very address below: ☐ No
NATIONAL SAFE T PROPANE INC ROBERT RETTICH III 45 EAST MARKET STREET	1-5 Fi
GERMANTOWN OH 45327	3. Service Type  Certified Mail  Express Mail  Registered  Registered  C.O.D.
08-24-TR-CVF	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 26	80 0001 0485 0972
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540