

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>x Helen D. Smith</i> </p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">NOBSCOT ORGAN WORKS  1315 WALSHIRE DR N  COLUMBUS OH 43232</p>		<p>B. Received by (Printed Name)  <i>Helen D. Smith</i> </p>	
<p>2. Article Number  (Transfer from service label)  <u>09-809-TR-CVF</u></p>		<p>C. Date of Delivery  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <p style="text-align: center;">NOV 16 2009  COLUMBUS, OHIO  43232-9999</p> </p>	
<p>3. Service Type  <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </p>		<p>4. Restricted Delivery? (Extra Fee)  <input type="checkbox"/> Yes </p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</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 SM Date Processed NOV 17 2009