

**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:

WALKER, CHRISTOPHER L. OPERATION  
MANAGER/SERETARY  
458 BRADFORD HWY  
RUTHFORD TN 38369-9635

08-1087-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 1566

PS Form 3811, February 2004

Domestic Return Receipt

102535-02-01-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*John Walker*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/4/09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 D.R. Date Processed 12/19/09