:	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON THE 1970'S
<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 mailplece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yelf If YES, enter delivery address below: ☐ No
MIKE HUMBERT	
1581 APPLEBROVE ROAD NW	
NORTH CANTON OH 44720	}
	3. Service Type  Certified Mail Express Mell Registered Return Receipt for Merchandise C.O.D.
09-575-TR-CVF	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 2680 0001 0491 9617	
PS Form 3811, February 2004 Domestic Return Receipt 10000142 M-1540	

This is to certify that the images appearing are an accurate and complete consoduction of a case file document delivered in the regular course of business Technician Date Processed IFC 3 0 2003