

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:

MILAN EXPRESS CO INC
1091 KEFAUVER DRIVE
PO BOX 699
MILAN TN 38358

09-651-TR-CVF

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 1771

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Tom Scipione

C. Date of Delivery

02-12

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

☐ S.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 OR Date Processed 2-16-20