

FILE

SEND TO: COMPLETE THIS SECTION	COMPLETE THE SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Cheryl M. Hoal</i></p> <p>C. Date of Delivery</p> <p><i>3-11</i></p>
<p>1. Article Addressed to:</p> <p><i>CARLOS GOAD</i>  <i>604 PORTAGE RD</i>  <i>WOOSTER OH 44691</i>  <i>09-716-TR-CNF</i></p>	<p>2010 MAR 11</p> <p>Is the delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>PUCO</i></p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7007 2680 0001 0485 1795</i></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 *[Signature]* Date Processed *MAR 11 2010*