

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CARLOS GOAD 604 PORTAGE ROAD WOOSTER OH 44691</p> <p style="font-size: 2em; font-weight: bold;">09-716-TR-CVF</p>	<p>B. Received by (Printed Name) Date of Delivery</p> <p><i>W. C. Goad</i> 2010 MAR 29</p> <p>D. Is delivery address different from item? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below</p> <p>3. Service Type</p> <p><input checked="" 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)</p>	<p style="font-size: 1.5em; font-weight: bold;">7002 2410 0000 1632 3166</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102695-02-11-1540</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 Jim Date Processed MAR 29 2010