

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:

IVJAK, NICK
04302 CR R
MONTPELIER OH 43543

09-381-TR-CVF

2. Article Number

(Transfer from service label)

7002 2410 0000 1632 3616

PS Form 3811, February 2004

Domestic Return Receipt

102555-02-04-1540

COMPLETE THIS SECTION (DATE OF MAIL)

A. Signature

x Kristy R Dyak

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kristy R Dyak

C. Date of Delivery

4/12/10

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ 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 Sum Date Processed APR 16 2010