

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 X <i>Patrick Hudnell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>HUDNELL, PATRICK 4000 EVALINE ST WARREN OH 44484</p> <p>09-389-TR-CVF</p>		<p>B. Received by <i>[Signature]</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Restricted Delivery for Merchandise <input type="checkbox"/> O.D.</p>	
		<p>4. Restricted Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 2680 0001 0485 1108</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-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 _____ Date Processed MAY 17 2010