

FILE

09-1961-TR-CVF

SENDER: COMPLETE THIS SECTION		POST OFFICE: THIS SECTION IS FOR THE POST OFFICE	
<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.	A. Signature x <u>Michael D. Bolen</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <u>D. Bolen</u>		C. Date of Delivery <u>7/17/10</u>
1. Article Addressed to: <p>BOLEN, MICHAEL D 6891 TWP RD 452 LONDONVILLE OH 44842</p>	D. Is delivery address different from item 1? If YES, enter delivery address below		<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 2410 0000 1632 4927	

PS Form 3811, February 2004 Domestic Return Receipt PSN 55-02-44-1540

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 TMM Date Processed 7-19-10