SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature XVaull Glace Agent Addressee
so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits.	B. Neceived by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different on item ? Yes If YES, enter-delivery address below: \(\square\) No
10-808-TR-CVF	AUG-2
CONLEY, NICHOLAS	3. Service Type
LEMUEL R. GREEN	☐ Certified Mail
1227 RIDGE ROAD, N.W.	☐ Insured Mall
CANTON OH 44703	4. Restricted Delivery? (Extra Fee) Yes
2. Articl 7007 2680 0001 0484	7309
PS Form 3811, February 2004 Domestic Retu	rn Receipt 100505-02-45-1540

This is to certify that the mages appearing are an accurate and complete reproduction of a case file focument delivered in the regular course of business.

Technician Date Processed 8-2-2-00