

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:

10-983-TR-CVF

HOPPE, MARK
3699 DAYSPRING DR
HILLIARD OH 43026

2. A 7007 2680 0001 0486 9318
B

PS Form 3811, February 2004

Domestic Return Receipt

10025-02-00-1040

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/6/2010

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ S.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 DR Date Processed 8-9-2010