

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:

AKRON BARBERTON CLUSTER RAILWAY
COMPANY
LES ASHEEY
43 SECOND STREET NW
BARBERTON OH 44203

15-2114-RR-RCF

2. Article Number-

(Transfer from service label)

7014 2120 0001 2561 7281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Dan Ashby*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

DAN ASHBY

C. Date of Delivery

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

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 *JMB* Date Processed JAN 22 2016