

FILE

PUCO

2017 JUN - 8 AM 11:08

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ms. Lessie Milton-Jones 1201 East 55th Street P.O. Box 5759 Cleveland, OH 44101</p> <p>17-1374-GA-CSS</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if Yes enter delivery address below: <input type="checkbox"/> No</p> <p>GENERAL DELIVERY JUN 05 2017</p> <p>3. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 2410 0000 1632 3654</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1546</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 AS Date Processed 6/8/17