| 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 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. Received by (Please Print Clearly) B. Date of Delivery 1 - 24 - 09 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | if YES, anter delivery address between No |
| hdodddadddhaadhadd | |
| Mrs. Kathryn Y. Lewis-Campbell 1618 Shadeland Drive Springfield, Ohio 45503 NOV 3 0 2009 3. Septe Type REGISTION AGENCY | |
| TSCK-05-2009-0004 | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transfer from service label) 7001 0320 0 | 006 0140 9019 |
| PS Form 3811, March 2001 Domestic Re | turn Receipt 102595-01-M-1424 |