

**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:

Mr. Brent W. Parks  
B.W. Parks Property MGMT. Corp.  
1123 Main Street  
Lafayette, Indiana 47901

TSCA-05-2011-0001

2. Article Number

(Transfer from service label)

7009 1680 0000 7662 0895

PS Form 3811, March 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

11-8-10

C. Signature

X *Brent W. Parks*

Agent

Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below  No

**RECEIVED**

NOV 10 2010

3. Service Type **REGIONAL HEARING CLERK**

Certified Mail  Insured Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424