SENDED	
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 mallpiece, or on the front if space permits. 	A. Received by (Plêase Print Clearly) B. Date of Delivery C. Signature X Q Agent
1. Article Addressed to: Mr. Richard Antolak	D. Isdainary address deligent address well by No
Barton Septic Fank Service 70170 Provident Es	AUG 0 6 2009
St. Chairswille, OH 43950 CWA-05-2009-0009	Registered CT PhaseNTAL Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7601 0320	0006 1457 7825
Domestic Retu	rn Receipt 102595-01-M-1424