

**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. James Johnson  
 5770 Wildlife Trail  
 Duluth, Minnesota 55893

*TSCA-05-2010-0005*

2. Article Number  
(Transfer from service label)

7001 0320 0006 0191 0660

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

*James A. Johnson*

B. Date of Delivery

*12-21-09*

C. Signature

*[Handwritten Signature]*

Agent

Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

No

**RECEIVED**  
DEC 28 2009

3. Service Type: **REGIONAL HEARING CLERK**

Certified Mail  Registered Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-01-M-1424