Pat	ICPE	UNT 1463, 14-64+1466
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. Article Addressed to: William J. Woodcock III Farnsworth House 2416 East Run Rd Grant Township Marion Center, PA 15759 	everse	A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	e e	2014
		3. Service Type Certified Mail DEXPISS Mail Registered Registered Return Receiptfor Merchandise Insured Mail DC.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	7008	PEP43 0000 005E
PS Form 3811, February 2004	Domestic R	leturn Receipt 102595-02-M-1540