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. Signature X R A Agent B. Received by (Printed Name) 0 HW R. CLINES C. Date of Delivery
1. Article Addressed to: John R. Cline John R. Cline, PLLC P.O. Box 15476 Richmond, VA 23227	D. Is delivery address different itom item 1? Yes If YES, enter delivery address below: No PP NO PPP NO PPP NO PPP NO PPP PPP
THE PARTY PRESS	Insured Mail C.O.D.
and the second second second second	4. Restricted Delivery? (Extra Fee)