| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X Agent  D. Agent  Agent  Address  B. Received by (Printed Name)  PAU T. STACE  D. Is delivery address different from item 1?   Yes |
| Paul T. Stroup 450 Scrambling Road Cory, PA 16407  | If YES, enter delivery address below S C No   |
| Cory, 1 A 10407  | 3 Service Type  |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Transfer from service label) 7003 1   | L80 0000 5220 4800  |

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