

**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:

CAA-07-2007-0016  
Phillips  
Robert M Walter  
5629 Mosaic Way  
Westerville, Ohio 43082

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert M Walter*

B. Received by (Printed Name)

ROBERT M WALTER



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

3. Service Type

- Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

2. Article Number  
(Transfer from service label)

7004 2510 0006 9719 8739