

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:

Olie Olsen
 7251 Thornapple Dale Drive S.E.
 Alto, Michigan 49302

TSCA-05-2008-0006

2. Article Number

(Transfer from service label)

7001 0320 0005 8931 9035

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERYA. Received by *(Please Print Clearly)**Olie Olsen*

B. Date of Delivery

C. Signature

X*[Signature]* Agent Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? *(Extra Fee)* Yes