

**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:

Randy L. Houle  
 1400 North 13<sup>th</sup> Street  
 Terre Haute, Indiana 47807

2. Article Number

(Transfer from service label)

7001 0320 0005 8931 8694

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

ROBERT FLOOD 2-13-8

C. Signature

X *Robert Flood*

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

TSCA-05-2008-0004

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 8931 8694

REGIONAL HEARING CLERK

Postage	\$ 148
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 628</b>



Sent To

Street, Apt. No.  
or PO Box No  
City, State, Zip

Randy L. Houle  
 1400 North 13<sup>th</sup> Street  
 Terre Haute, Indiana 47807

PS Form 3800

See Reverse for Instructions