

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:

Mr. Keith Morren
P.O. Box 7164
Grand Rapids Michigan 49570

2. Article Number
(Transfer from service label)

7001 0320 0006 0191 0851

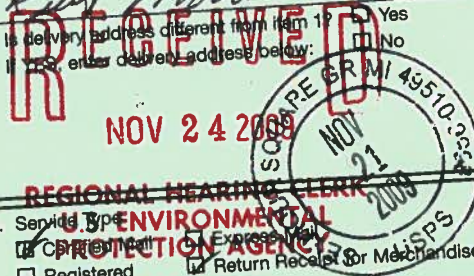
PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Keith Morren* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



3. Service Type: Certified Mail Registered Insured Mail Express Mail Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-01-M-1424