

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:

Robert Hash
 9200 Keystone Crossing
 Suite 420
 Indianapolis, Indiana 46240

TSCA-05-2007-0013

2. Article Number
(Transfer from service label)

7001 0320 0005 8921 6143

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

L. REID

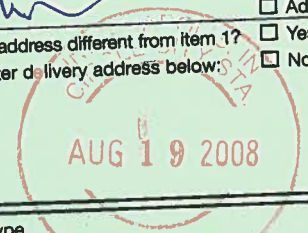
B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1?

If YES, enter delivery address below:



- Agent
- Addressee
- Yes
- No

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