

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Addresses
Article Addressed to:	D. Is delivery address different from item 1? Yes
Reverend Floyd E. Rose Serenity Christian 1619 North Lee Street Valdosta, Georgia 31602	REGIONAL HEARING MAERK
TSCA-05-2011-0004 Answer	Insured Mar EGO NOS.
2. Article Number (Transfer from service label) 7001 032	
PS Form 3811, March 2001 2nd Domestic Retu	