

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) <i>Mike E...</i>	B. Date of Delivery <i>3-9-10</i>
	C. Signature <i>Mike E...</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No Is delivery address below:
1. <p style="text-align: center;"> David L. Hatchett, Esquire Jaime K. Saylor, Esquire Hatchett & Hauck, LLP 111 Monument Circle, Suite 301 Indianapolis, Indiana 46204-5124 </p>		
2. Article Number (Transfer from service label) 7001 0320 0006 1455 6237		
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		



RCRA-05-2009-0012/003

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	C. Signature <i>Mike E...</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No Is delivery address below:
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