

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:

Neil and Mary Lou Cowen
c/o H. Kim TeKolste, Esq.
12814 Ford Drive
Fishers, Indiana 46038-8798

TSCA-05-2007-0008

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *H. Kim TeKolste* B. Date of Delivery *4-16-07*

C. Signature *H. Kim TeKolste* Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8910 5676**

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
Sonja Brooks-Woodard E-13J (ided)
TSCA-05-2007-0008

Postage	\$ 327	Postmark Here
Certified Fee	240	
Return Receipt Fee (Endorsement Required)	185	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 752	

Sent To Neil and Mary Lou Cowen
Street, Apt. No.; c/o H. Kim TeKolste, Esq.
or PO Box No. 12814 Ford Drive
City, State, ZIP+4 Fishers, Indiana 46038-8798