

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. Mark King
146 Stateline Road
Lowellville, Ohio 44431

TSCA-05-2007-0010

2. Article Number

(Transfer from service label)

7001 0320 0006 0189 5059

PS Form 3811, March 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

Signature *M. King*

Agent Addressee

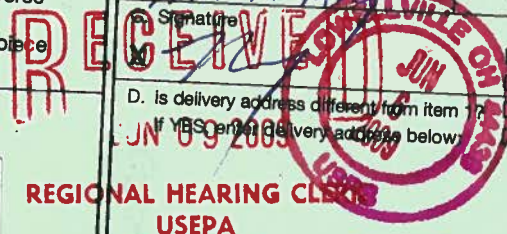
D. Is delivery address different from item 1? Yes
If YES, print delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



102595-01-M-1424