| SELECTION ER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. cont your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, con the front if space permits. | A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery |
| Je Addressed to: | D. Is delivery address differentiation 1? Yes |
| Michael Huttenlocker P.O. Box 1152 | APR 2 6 2005 |
| Washington, Missouri 63090-8152 | 3. Service Type Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. An de Number 7002 | 0860 0006 5963 7726 |
| 3811, August 2001 Domestic Reti | urn Receipt 102595-02-M- '5 |