

**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:

David Brickles  
d1b1a1 Jacks Septic Service  
39825 Gold Ridge Road  
Pomeroy, OH 45769  
CWA-05-2010-0012

2. Article Number

(Transfer from service label)

7001 0320 0006 D190 88 72

PS Form 3811, March 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

David Brickles 1/19/11

C. Signature X [Signature]  Agent  Addressee

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

**RECEIVED**

JAN 19 2011

**REGIONAL HEARING CLERK**

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