

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Kim Bird</i>	
	B. Received by (Printed Name) <i>Kim Bird</i>	C. Date of Delivery <i>9-22</i>
1. Article Addressed to:  <p style="text-align: center;">Oogles N Googles Branding LLC            c/o Bradley H. Cohen            8888 Keystone Crossing, #800            Indianapolis, IN 46240</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) PS Form 3811, February 20 <u>7005 1820 0000 4004 4276</u> 102595-02-M-1540		

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	B. Received by (Printed Name) <i>Kim Bird</i>	C. Date of Delivery <i>9-22</i>
1. Article Addressed to:  <p style="text-align: center;">Mendell Enterprises LLC            C/O Bradley H. Cohen            8888 Keystone Crossing, #800            Indianapolis, IN 46240</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) PS Form 3811, Febr <u>7005 1820 0000 4004 4238</u> 102595-02-M-1540		

