

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:

Joel Briggs
 2025 Waycross Road
 Apt. #9
 Cincinnati, OH 45240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Joel Briggs*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED

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

: 23 2007

AMES BONINI, Clerk

CINCINNATI, OHIO

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7002 0860 0006 5230 8227