

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:

Michael A. Waller
 414-875
 SOUTHERN OHIO CORRECTIONAL
 P.O. Box 45699
 Lucasville, OH 45699

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

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

3. Service Type

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

A. Restricted Delivery (extra fee)

Yes

7002 3150 0000 8388 0782

07-85 SSB
 #113

2. Article Number
 (Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540