

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:

Pamela Campton
 1201 North West Street
 Apt 4A
 Hillsboro, OH 45133

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 Agent
 Addressee

B. Received by (Printed Name) _____
 C. 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.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7002 3150 0000 8389 6417**
 (Transfer from service label)

08-680
18 481

PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1540