

**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:

Shannon Wagner  
 102 Taylor Dr. #21  
 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? If YES, enter delivery address below:

Yes  
 No

3. Service Type

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

4. Restricted Delivery/Return Receipt  Yes

2. Article Number **7002 3150 0000 8389 6424**

*PSI* **05-680 7B**

(Transfer from service master)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540