

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: <div style="text-align: center;"> Robert Morris 516-143 LEBANON CORRECT P.O. Box 56 Lebanon, OH 45036 </div>	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature <div style="text-align: center;"> <input checked="" type="checkbox"/> X </div>	
<div style="display: flex; justify-content: space-between;"> <div> B. Received by (Printed Name) C. Date of Delivery </div> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div>	
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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <div style="text-align: center;"> 89-063 545 </div>	
2. Article Number (Transfer from service label) <div style="text-align: center;"> 7002 3150 0000 8389 0491 </div>	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	