

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

7010 1870 0002 1310 2601  
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PLACE STICKER AT TOP OF ENVELOPE OF THE RETURN ADDRESS, POSTAGE AT BOTTOM

**CERTIFIED MAIL**

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP

SHARON HEAL  
 216 So College St  
 Sabina, OH 45169

Postmark Here

PS Form 3800, August 2006

See Reverse for