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PS Form 3811, February 2004 Domestic	- 7010 3090 0000 8523 1702 (Thenseler from service label)			Mark Johnson 2797 Banning Road Cincinnati, OH 45239					<ul> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>					SENDER: COMPLETE THIS SECTION
Domestic Return Receipt 102595-02-M-1540	4.	102 1/2 S63 How	4. Restricted Delivery? (Extra Fee),	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mali ☐ C.O.D.	3. Service Type  Gertified Mail			11.	If YES, enter delivery address below:	D is delivery enthesis different from item 1? Thes	B. Received by ( Printed Name) C. Date of Delivery	X Addressee	A. Signature	COMPLETE THIS SECTION ON DELIVERY