

**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:

Tom Arbino  
 2329 Kemper Lane, Apt. 17  
 Cincinnati, Ohio 45206

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent

B. Received by (Printed Name)  Addressee

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 7011 3500 0001 5488 5462

*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt

102395-02-M-1540

*12-3-18 HSW*  
*#19*