

**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:

**Lynn Woods**  
 611-734  
 CHILICOTHE CORRECTIONAL  
 P.O. Box 5500  
 Chillicothe, OH 45601

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  X
- B. Received by (Printed Name)  Agent  
 Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

**3. Service Type**

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

4. Restricted Delivery  Yes  
 No

2. Article Number  
*(Transfer from service)*

7010 3090 0000 8523 2990

PS Form 3811, February 2004 Domestic Return Receipt

102965-02-M-1540

2-3-52 SID