

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7011 3500 0001 5488 8715
1000 005E 1102

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

Postmark
Here

Sent To	Jim Ballinger
Street, Apt. No., or PO Box No.	308 E. Warren St.
City, State, ZIP+4	Lebanon, OH 45036

PS Form 3800, August 2006

See Reverse for Instructions