SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Terry Pulley</li> <li>TSCTULUSION</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  AMELA KREMEN  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
2 Willipie St. PO Box 408 Wapakoneta, DH 45896	3. Service Type Certified Mail Registered Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2. Article Number (Transfer from service label) 7006	2760 0003 0766 2187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540