SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: Havon Miller Hometown Cable 305 E. Main St. Coldwater, OH 45828	A. Signature X
	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004