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. Article Addressed to: Brett Spriggs CT Communications Ido Scioto St. Urbana, DH 43018 	Se Received by April C. Date of Deliven
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7006 2760 0003 0766 2217
PS Form 3811, February 2004 Dom	mestic Return Receipt 102595-02-M-154

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