

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Roswell Properties C.C.C.LTD.
 Attn: Mitch Brazzin
 100 N. Center St
 Newton Falls OH 44444-1321



9590 9402 2709 6351 3112 59

2. Article Number (Transfer from service label)

7017 0530 0000 6059 4582

COMPLETE THIS SECTION ON DELIVERY

- A. Signature**
 Maheell Chapman Agent
 Addressee
- B. Received by (Printed Name)** *Maheell Chapman* **C. Date of Delivery** *10-26-18*
- D. Is delivery address different from item 1?** Yes
 If YES, enter delivery address below: No

- 3. Service Type**
- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 0530 0000 6059 4582 ✓

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Maheell Chapman

Certified Mail Fee
 \$ *2.75*

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
MR. Mitch Brazzin, Roswell Properties LLC
 Street and Apt. No., or PO Box No.
100 N. Center St
 City, State, ZIP+4®
Newton Falls OH 44444-1321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions