ORIGINAL

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. 	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date of Delivery LARRY MINTON 11-27-02 C. Signature X Light Addressee D. is delivery address different from item 1? Yes
1. Article Addressed to: 020772	If YES, enter delivery address below:
5 Sons International 1245-G Cedar Road, Suite 311 Chesapeake VA 23322-7103	
Chesapeake VA 20022-7100	Service Type □ Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	02 0860 0001 1755 6033
PS Form 3811, March 2001 Domest	ic Return Receipt 102595-01-M-1424

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