

ORIGINAL

SENDER: COMPLETE THIS SECTION

- 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: **020955**

Blegbā, Inc.
Ms. Kassi Avion
5945 Wilcox Place, Suite B
Dublin OH 43016-0205

2. Article Number
(Transfer from service label)

7002 0860 0001 1755 5814

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X *[Handwritten Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.


4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH



DOCUMENT NUMBER-DATE

00157 JAN -7 8

FPSC-COMMISSION CLERK