| 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. A. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery address different from item in Yes, enter delivery address below: I Article Addressed to: |
|--|
| Lenigh Gas Wholesale 307 600 Hamilton Street Ste Sol 3. Septe Type Allenton PA 18101 Beginstered Receipt for Merchant Co.D. Insured Mail C.O.D. Yes |
| 2. Article Number (Transfer from service label) 7007 2550 0001 3855 8243 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-1 |