

SENDER: COMPLETE 7001 0320 0005 8308 0962 **DELIVERY**

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:
 EICHHORN LTD Partnership
 1410 Pleasantville Rd NE
 Pleasantville OH 43148

2. Article Number (Transfer from service label)
 7001 0320 0005 8308 0962

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 checked="" 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"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

Barcode: 9590 9401 0164 5234 6941 51

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 91.00
Certified Fee	3.60
Return Receipt Fee (Endorsement Required)	2.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.26

Sent To: EICHHORN LIMITED Partnership
 Street, Apt. No. or PO Box No.: 1410 Pleasantville Rd NE
 City, State, ZIP+4: Pleasantville, OH 43148

JACKSONTOWN OH 43101
 Postmark MAY 13 2021
 USPS

PS Form 3800, January 2001 See Reverse for Instructions