

SENDER: COMPLETE 7001 0320 0005 8308 0931 **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.

1. Article Addressed to:
CHAOS, LLC
6644 Woolard Rd.
Pleasantville OH
43148

A. Signature Agent
 Addressee

B. Received by (Printed Name) **PT 81**

C. Date of Delivery

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

2. Article Number (Transfer from service label) **7001 0320 0005 8308 0931**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

OFFICIAL USE

Postage	\$ 71
Certified Fee	3.60
Return Receipt Fee (Endorsement Required)	2.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.16

Sent To **CHAOS LLC**

Street, Apt. No. or PO Box No. **6644 Woolard Rd.**

City, State, ZIP+4 **Pleasantville OH 43148**

Postmark **MAY 13 2021**

PS Form 3800, January 2001 See Reverse for Instructions