

Copy of Order No. R-4916
sent to Mr. Jim Lavin
by certified mail. It was
received ✓

NOTE: Be sure to follow instructions on other side

PLEASE PRINT SERVICES INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)

☐ Show address when delivered ☐ Deliver ONLY to addressee

RECEIPT
Received the numbered article described below

REGISTERED NO.		SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 003600		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURANCE NO.		
DATE DELIVERED 5-21-15		SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)