

SENDER: COMPLETE THIS SECTION

- 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:

Mr. G. Ben Cohen
636 Beonne Street
New Orleans, LA 70115



9590 9402 2688 6351 8290 66

2. Article Number (Transfer from service label)

7017 2400 0000 7699 5186

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

B. Received by (Printed Name)

D. Is delivery address different from 1? ☐ YES
If YES, enter delivery address

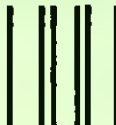
**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2688 6351 8290 66

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

District Attorney's Office
Calcasieu Parish
Appellate Section
901 Lakeshore Dr - Ste 800
Lake Charles, LA 70601

D. Sims

