. 1999-1996		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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.	A. Signature X	
1. Article Addressed to: PAPA JOHNS CORPORATE OFC. ATTN: JOHN SCHWATTER	If YES, enter delivery address below: ☐ No	
2002 PAPA JOHNS BOULEVARD	3. Service Type Certified Mail	
Louisville ky 40299	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service 7012 0470 0000 5808 2484		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

무나용나	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
LT.	For delivery information	ation visit our website	at www.usps.com _®
808	LUU SVI LE		USE
580	Postage	\$1.70	07
0000	Certified Fee	\$2.35	Tomot ?
	Return Receipt Fee (Endorsement Required)	\$1.00 \$7.25	08/0 Postmark Here
모	Restricted Delivery Fee (Endorsement Required)	e no immuzob se se o	
240	Total Postage & Fees	\$	real ata
7012	Sent TO PAPA JOHNS CORPORATE OFC. Street, Abi. TOO, W. SCHNATTER OR GO CED OF PO BOX NO. 2 002 PAPA JOHNS BOWLEVARD City, State, ZIP-4 LINUMWILL ICY 40299		
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	PS Form 3800, August 2006 See Reverse for Instructions		