

SENDER: COMPLETE THIS SECTION

- 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:

2 Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A Signature Agent
 Addressee
 X

B Received by (Printed Name) **C** Date of Delivery

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

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4 Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

1. Name and address of person(s) to receive mail
 2. Paste or write in Article number
 3. check the boxes by the words Certified Mail and Return Receipt for Merchandise (mail)
 4. If item is to be delivered to the person only, please check "Yes" box
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- A. Person receiving the document signs here and checks if Agent for addressee
 - B. Print name of person receiving item.
 - C. Date item received.
 - D. Delivery address if different than that listed in 1. above.

SENDER INFORMATION:

Name and address of person/company to receive receipt indicating item received.