

7001 2510 0004 7761 7020

CERTIFIED MAIL
POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$	Postage Rate
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street Apt. No. or PO Box No.	
City/State ZIP+4	

PS Form 3811, January 2009 Use Reverse for Instructions

UNITED STATES POSTAL SERVICE

Official Business

PENALTY FOR PRIVATE
USE, \$300

Print your name, address and ZIP Code here

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, & 6.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the envelope below the article number.
- The Return Receipt fee will provide you the signature of the person delivering to and the date of delivery.

3. Article Addressed to:

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

- 4b. Service Type
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using
Return Receipt Service.