

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:

Travis Nelson
(b) (7)(C)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x(b) (7)(C) Agent
 Addressee

B. Restricted Mail / Certified Mail **IN** Date of Delivery
(b) (7)(C) 8-9-10

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

2. Article Number (transfer from service label) 7009 2820 0003 5155 7499

PS Form 3811, February 2004 Domestic Return Receipt 102695-02-M-1540

