

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:

John Bickford
(b) (7)(C)

2. Article Number:
(Transfer from service label)

7008 3230 0001 1953 0277

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

(b) (7)(C)

- Agent
- Addressee

B. Received by (Printed Name)

(b) (7)(C)

C. Date of Delivery

8/13/10

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

