

**UNDER: 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.

Article Addressed to:

Cody Irwin  
(b) (7)(C)

**COMPLETE THIS SECTION ON DELIVERY**

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

(b) (7)(C) C. Date of Delivery  
8-23-10

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

Article Number (Transfer from service label): 7009 2820 0003 5155 6249

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

