



| SENDER: COMPLETE THIS SECTION  |                                 | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|---------------------------------|--|--|
| <input checked="" type="checkbox"/> Complete items 1, 2 and 3. Also complete item 4 if Registered Delivery is desired. |                                 | A. Signature   | <input type="checkbox"/> Agent                           |
| <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  |                                 | <b>X (b) (7)(C)</b>  | <input type="checkbox"/> Addressee                       |
| <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front, if space permits.  |                                 | B. Recipient's (Printed Name)  | C. Date of Delivery                                      |
|  |                                 | <b>(b) (7)(C)</b>  | <b>8-16-10</b>   |
|  |                                 | D. Is emergency/business return item? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 1. Article Addressed to:   | Jacob Doss<br><b>(b) (7)(C)</b> | 1572 Ridgewie w/Wellis Rd<br>Wellis w/25742  |  |
|  |                                 | 3. Service Type  | <input type="checkbox"/> Express Mail                    |
|  |                                 | <input type="checkbox"/> Certified Mail  | <input type="checkbox"/> Return Receipt for Merchandise  |
|  |                                 | <input type="checkbox"/> Registered  | <input type="checkbox"/> C.O.D.                          |
|  |                                 | <input type="checkbox"/> Insured Mail  |  |
|  |                                 | 4. Registered Delivery? (Extra Fee)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Article Number:<br>(Transfer from service label)  | 7009 2820 0003 5155 6287        |  |  |
| IPS Form 3811, February 2004   | Postnet® Return Receipt         |  | 102886-02/04-1840  |