

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. <i>NOH LH</i> 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to: <i>13-1509</i></p> <p><i>Ms. SUSAN NAFFERTY</i> <i>P.O. BOX 1007</i> <i>Key West, Florida 33041-1007</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>KEY WEST FLORIDA 33041-1007</i> <i>JAN 13 2011</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 3020 0000 5341 7951</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com . OFFICIAL USE		
<i>NOH LH</i> Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ <i>46</i>	RECEIVED Postmark Here JAN 07 2011
	<i>310</i>	
	<i>255</i>	

	\$ <i>611</i>	
Sent To: <i>Ms. Susan Nafferty</i> Street, Apt. No., or PO Box No.: <i>P.O. Box 1007</i> City, State, ZIP+4: <i>Key West, Florida 33041-1007</i> PS Form 3800, August 2009 See Reverse for Instructions		