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. Nock LH

1. Article Addressed to: 13-1091

Kevin Chavey and Grace L
1107 Key Plaza PmB 152
Key west, Florida 33040

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 9/13/13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED SEP 13 2013 KEY WEST FL 33040

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) 7012 2210 0000 6244 8041

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7012 2210 0000 6244 8041

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

Postage	$ .46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.11

Nock LH

Postmark Here SEP 13 2013 RECEIVED

Sent To: Kevin Chavey and Grace L
Street, Apt. No.; or PO Box No.: 1107 Key Plaza PmB 152
City, State, ZIP+4: Key west, Florida 33040

PS Form 3800, August 2006 See Reverse for Instructions