

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>NO #</i> 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Juliana MacDowell</i> C. Date of Delivery <i>11/14/13</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>1. Article Addressed to: <i>12-414 #A</i> <i>Douglas and Juliana MacDowell</i> <i>910 United Street</i> <i>Key West, Florida 33040</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</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 9498</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</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>NO #</i> <i>WA</i> Postage	\$ <i>46</i>
Certified Fee	<i>310</i>
Return Receipt Fee (Endorsement Required)	<i>255</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>64</i>
<p>Sent to <i>Douglas and Juliana MacDowell</i> Street, Apt. No., or PO Box No. <i>910 United Street</i> City, State, ZIP+4 <i>Key West, Florida 33040</i></p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	

7007 3020 0000 5341 9498

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 NOV 14 2013
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