

7003 3110 0003 4759 2377

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	RECEIVED Postmark Here JUL 26 2013
Certified Fee 310	
Return Receipt Fee (Endorsement Required) 255	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 611	
Sent To David Lassiter Street, Apt. No., or PO Box No. 708 Elizabeth Street A City, State, ZIP+4 Key West, FL 33040	
PS Form 3800, June 2002 See Reverse for Instructions	

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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>
1. Article Addressed to: 2402 David Lassiter 708 Elizabeth Street A Key West, FL 33040 JY 13-931	(B. Received by (Printed Name)) David Lassiter <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery AUG 12 2013 D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) 7003 3110 0003 4759 2377	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540	