

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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/> B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>LTO WA</i> <i>13-1465</i> <i>Mr. Joseph Cohen</i> <i>301 Lincoln Road</i> <i>Miami Beach, Florida 33139</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED JAN 22 2014</p> <p>BY: <i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</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>7013 2630 0000 9565 5774</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	
<p><i>LTO WA</i></p> <p>Postage \$ <i>46</i></p> <p>Certified Fee <i>310</i></p> <p>Return Receipt Fee (Endorsement Required) <i>255</i></p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$ <i>611</i></p>	<p>Postmark Here</p> <p>RECEIVED</p> <p>JAN 14 2014</p>
<p>Sent To <i>Mr. Joseph Cohen</i></p> <p>Street, Apt. No., or PO Box No. <i>301 Lincoln Road</i></p> <p>City, State, ZIP+4 <i>Miami Beach, Florida 33139</i></p>	
<p>PS Form 3800, August 2006 See Reverse for Instructions</p>	