

7003 3110 0003 4759 2391

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 JUL 29 2013 Postmark Here
Certified Fee	310	
Return Receipt Fee (Endorsement Required)	255	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 611	

Sent To: Irina Trifonova
 Street, Apt. No., or PO Box No.: 2616 Patterson Avenue #4
 City, State, ZIP+4: Key West FL 33040

PS Form 3811, 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>IRINA TRIFONOVA</u></p> <p>C. Date of Delivery <u>JUL 29 2013</u></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>1. Article Addressed to: <u>2402</u> <u>Irina Trifonova</u> <u>2616 Patterson Avenue #4</u> <u>Key West, FL 33040</u></p> <p><u>JY 13-921</u></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: (Transfer from service label)</p>	<p>7003 3110 0003 4759 2391</p>