

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>A. Ayres</i> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>13-748 NOK LH</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><b>RECEIVED</b> <b>SEP 16 2013</b></p> <p>BY: <i>[Signature]</i></p>
<p>Andrea Ayres 1125 Whitehead Street Key West, FL 33040</p> <p><i>(R)</i></p>	<p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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><b>7012 2210 0000 6244 8638</b></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>7012 2210 0000 6244 8638</b>	
<b>13-748 NOK LH</b>	
Postage \$ <i>46</i>	
Certified Fee <i>3.10</i>	
Return Receipt Fee (Endorsement Required) <i>2.55</i>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees <i>\$ 6.11</i>	
<p>Sent To <i>Andrea Ayres</i></p> <p>Street, Apt. No., or PO Box No. <i>1125 Whitehead</i></p> <p>City, State, ZIP+4 <i>KW FL 33040</i></p>	
<p>PS Form 3800, August 2005 <span style="float: right;">See Reverse for Instructions</span></p>	

**RECEIVED**  
**AUG 30 2013**  
Postmark *[Signature]*