

1250 0571
4759 0571
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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

13-57 34 NOH USE

Postage	\$ 45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.75

RECEIVED
JAN 14 2013
Postmark Here

Sent To Yuliya Andrews
Street, Apt. No., or PO Box No. 8311 Brier Creek Ste 105353
City, State, ZIP+4 Raleigh NC 27617

PS Form 3811, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 13-57 34 NOH

Yuliya Andrews
8311 Brier Creek Pkwy, Ste 105353
Raleigh, NC 27617

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
Yuliya Andrews

C. Date of Delivery
JAN 14 2013

D. Is delivery address different from item 1?
If YES, enter delivery address below
 Yes
 No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 3110 0003 4759 0571

4950 6524 0000 01TE 0007

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13-5734 UOH **OFFICIAL USE**


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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.75

Postmark Here
 JAN 1 2013

RECEIVED

Sent To Albert Kelley
 Street, Apt. No., or PO Box No. 926 Truman
 City, State, ZIP+4 Key West FL 33040

PS Form 3800, June 2003 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>X </p> <p>B. Received by (Printed Name) <u>Albert Kelley</u> C. Date of Delivery <u>1/1/14</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>13-5734 UOH</u></p> <p>Albert L Kelley, P.A. 926 Truman Avenue Key West, FL 33040</p>	<p>3. Service Type</p> <p><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 <i>(Transfer from service label)</i></p>	<p>7003 3110 0003 4759 0564</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540