

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 13-748 NOK LH		B. Received by (Printed Name) Andrea Ayres	C. Date of Delivery 9-3-17
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
Andrea Ayres 196 South Indies Drive Marathon, FL 33050		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		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	
		7012 2210 0000 6244 8621	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
13-748	
OFFICIAL USE	
Postage	\$ 46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
RECEIVED AUG 30 2013	
Postmark Here	
Sent to Andrea Ayres Street, Apt. No., or PO Box No. 196 South Indies Dr City, State, ZIP+4 Marathon FL 33052	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 2210 0000 6244 8621