

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: **13-748 NOH LH****COMPLETE THIS SECTION ON DELIVERY**A. Signature: **Andrea Ayres**
 Agent
 Addressee
B. Received by (Printed Name) **Andrea Ayres**C. Date of Delivery **9-3-17**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Andrea Ayres
 196 South Indies Drive
 Marathon, FL 33050

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) Yes

2. Article Number

(Transfer from service label)

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 NOH LH**

Postage	\$ 46	
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	RECEIVED

Postmark
Here

7012 2210 0000 6244 8621	Aug 30 2013
Sent to Andrea Ayres	
Street, Apt. No. or PO Box No. 196 South Indies Dr	
City, State, Zip Marathon FL 33052	

PS Form 3800, August 2006

See Reverse for Instructions