

7012 2210 0000 6244 8126

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
 Certified Fee 310
 Return Receipt Fee (Endorsement Required) 255
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 611

RECEIVED
 Postmark
 JUL 25 2013

Sent To John Aydent
 Street, Apt. No.;
 or PO Box No. 3333 Duck Avenue D210
 City, State, ZIP+4 Key West, FL 33040

PS Form 3800, August 2006 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addresssee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>AUG 12 2013</p> <p>BY: _____</p>
<p>1. Article Addressed to:</p> <p><u>John Aydent</u> <u>3333 Duck Avenue D210</u> <u>Key West, FL 33040</u></p> <p><u>JY 13-919</u></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>2. Article Number _____ (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7012 2210 0000 6244 8126</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	