

DOMESTIC RETURN RECEIPT, PS-3811

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| 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>   |                     |
| 1. Article Addressed to:   |  | B. Received by (Printed Name)  | C. Date of Delivery |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |                     |
|  |  | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                     |
| 2. Article Number<br>(Transfer from service label)   |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |                     |
| PS Form 3811, February 2004  |  | Domestic Return Receipt 102959-02-00-1940  |                     |

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