

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X	
1. Article Addressed to: <p style="font-size: 1.2em;">Tom Grant 1155 Birchwood Drive Aurora mo 65605</p>  9590 9402 5683 9346 1336 70		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from) 7020 1290 0000 3512 2303		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2015 PSN 7530-02-000-9053		3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ 4.00	
Extra Services & Fees (Box add fees as appropriate) <input checked="" type="checkbox"/> Return Receipt (hard copy) <input type="checkbox"/> Return Receipt (electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery	
Postage \$ 7.82	
Total Postage and Fees \$ 11.82	
Sent To <u>Tom Grant</u>	
Street and Apt. No., or PO Box No. <u>1155 Birchwood Drive</u>	
City, State, ZIP+4® <u>Aurora mo 65605</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	