

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:

TSQA.07.2011-0021
 Barbara Williams
 2131 SW 103rd Street
 Wakarusa, Kansas 66546

COMPLETE THIS SECTION ON DELIVERY

Signature Agent
Barbara Williams Addressee

B. Received by (Printed Name) Date of Delivery
Williams 8/19

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type Express Mail
 Certified Mail Return Receipt for Merchandise
 Registered C.O.D.
 Insured Mail

4. Restricted Delivery? (Extra Fee) Yes

2. Article Num 7006 2760 0000 865J 7272

(Transfer From)

PS Form 3811, February 2004

Domestic Return Receipt

102599-02-M-1640