

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Postmark  
Here

Sent To \_\_\_\_\_

Street, Apt. No.,  
or PO Box No. \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0000 2454 8164

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>1. Article Addressed to:</p> <p style="font-size: 1.2em;">John F. Peiserich P.O. Box 3446 Little Rock, Arkansas 72203</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Cassie Doggett</i> <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B. Received by (<i>Printed Name</i>)</td> <td style="width: 40%;">C. Date of Delivery</td> </tr> <tr> <td><i>Cassie Doggett</i></td> <td><i>7/15/2004</i></td> </tr> </table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery	<i>Cassie Doggett</i>	<i>7/15/2004</i>
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery				
<i>Cassie Doggett</i>	<i>7/15/2004</i>				
<p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: center; font-size: 1.2em;">7014 0150 0000 2454 8164</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>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>				