

7005 3360 0004 4818 8850

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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Mr. David Norman
 404 NW 12th Street
 Rt. 7, Box 7061
 Ava, MO 65608

Sent To

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

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for instructions

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, ~~on the front~~ *on the back* if it permits.

1. Article Addressed to:

Mr. David Norman
 404 NW 12th Street
 Rt. 7, Box 7061
 Ava, MO 65608

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
David Norman

B. Received by (Printed Name) *David Norman*

C. Date of Delivery *8-20-04*

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number *7005 3360 0004 4818 8850*

Transfer from service label