

**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:

Reverend Floyd E. Rose  
1619 N. Lee Str.  
Valdosta, GA 31602

*TSCA-05-2011-0004*

2. Article Number  
(Transfer from service label)

7009 1680 0000 7644 8703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Floyd E. Rose*

- Agent
- Addressee

B. Received by (Printed Name)

*Floyd E. Rose*

C. Date of Delivery

*1-2-12*

D. Is delivery address different from item 1? If YES, enter delivery address below.

- Yes
- No

JAN 24 2012

REGIONAL HEARING CLERK

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes