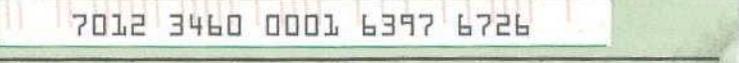


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Carly King</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </div>	
1. Article Addressed to:	B. Received by ( <i>Printed Name</i> ) <i>Carly King</i>	C. Date of Delivery <i>6/10/13</i>
<b>Jack Graham</b> <b>Law Offices of Jack Graham, PC</b> <b>Attorney at Law</b> <b>401 Ratcliff Dr. SE, Suite 10</b> <b>Salem, OR 97302</b>	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No           </div>	
2. Article Number <i>(Transfer from service label)</i>	Service Type <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.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <div style="float: right;"> <input type="checkbox"/> Yes           </div>	
		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540