

**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:

MR. BILL CLAIBOURN  
DAVIS PAINT COMPANY  
1345 IRON ST  
NORTH KANSAS CITY, MO 64116

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
 *[Signature]*
- B. Received by (Printed Name)  Date of Delivery  
*[Signature]* *[Date]*
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7010 2780 0001 2211 8545

PS Form 3811, February 2004

Domestic Return Receipt