SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: Michael Smith Smith, Collins, & Fletcher. P.A. 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery Addresse D. Is delivery address different from item 19 Yes FES, enter delivery address belower No
8565 Dunwoody Place, Bldg. # 15, Sui Atlanta, GA 30350	3. Service Type
2. Article Number (Transfer from service label) 7008 323	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540