

**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:

**Susan Reeves, Esq.  
Reeves Amodio LLC  
500 L Street  
Anchorage, AK 99501**

2. Article Number  
(Transfer from service label)

7014 1200 0001 4321 2756

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jeanene Walker*  Agent  
 Addressee

B. Received by (Printed Name)

*Jeanene Walker*

C. Date of Delivery

*4/27/15*

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes