

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <i>x Rebecca McGinnis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>75CA-07-2012-0002</i> Brandon and Rebecca McGinnis 17718 East 1700 Road La Cygne, Kansas 66040	B. Received by (<i>Printed Name</i>) <i>Rebecca McGinnis</i>	C. Date of Delivery <i>11-23-12</i>
2. Article Num (Transfer fr.	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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>) <input type="checkbox"/> Yes
7010 2780 0001 2211 3540		
Domestic Return Receipt		102595-02-M-1540