

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7007 3020 0003 3320 9009

Postage	\$	11/25/08 Order Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted (Endorsement)		
Total Po	Gary's Auto Body & Glass Gary D. Smith	
Sent To	31017 US Hwy 24 Stratton, CO 80836	
Street, Ap or PO Box		
City, State		

PS Form 3800, August 2006

See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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> <p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold;">NOV 26 2008</p> <p>Gary's Auto Body &amp; Glass          Gary D. Smith          31017 US Hwy 24          Stratton, CO 80836</p> <p>RC <span style="margin-left: 200px;">D</span></p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature    <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery          11-28-08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540