

| 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>* A. Curlett</i> | |
| 1. Article Addressed to: <div style="font-size: 1.5em; font-family: cursive;">CAA-07-2006-0274</div> Clint A. Cruse Lighthouse For The Blind dba LHB Industries 8833 Fleischer Place Berkeley, Missouri 63134-1000 | B. Received by (Printed Name) | C. Date of Delivery <i>12-20-06</i> |
| 2. Article Number <i>(Transfer from service)</i> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | 3. Service Type <input checked="" 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7004 2510 0006 9719 8296 102505-02-M-1540 | |