

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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>	A. Signature X <i>Michelle Lane</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Michelle Lane</i>	C. Date of Delivery <i>9-27-07</i>
2. Article Addressed to: <span style="float: right;">D</span> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">             SEP 26 2007              Roderick R. Hubbard              Gerald A. Kelly Trust              6470 Timber Bluff PT.              Colorado Springs, CO 80918-6204           </div> <i>Euf-L</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>TXA-05-2007-0008</i>		
Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
3. Article Number (transfer from sender)	7005 1820 0005 4855 5083	
PS Form 3811, February 2004 Domestic Return Receipt 112206-02-04-1540		