

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 <i>Sharon Modde</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>CWA-07-2009-0034</i> Gerald R. Modde Jerry Modde, Inc. 1358 Rose Hill Lane St. Peters, MO 63376	B. Received by (Printed Name) <i>g</i>	C. Date of Delivery <i>8/10</i>
2. Article Number <small>(7a)</small> <i>7006 2760 0000 8651 0174</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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt		102595-02-M-1540