

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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>x Brenda Kerr</i>	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Robert Kerr</b>  <b>412 Laurel Drive</b>  <b>Everett, WA 98201</b> </div>		B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <i>Brenda Kerr</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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	
2. Article Number (Transfer from service label)		<b>7011 1150 0000 7953 2361</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	