

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Bonnie Owen Wright  
 1122 Jackson Street  
 Robinsonville, Mississippi 38664

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery 10-1-01

C. Signature *[Signature]*  Agent  
 Addressee

D. Is delivery/address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**TSCA-05-2007-0020**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7001 0320 0006 0185 8382

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

Sonja Brooks-Woodard E-13J *(provided)*

**TSCA-05-2007-0020**

Postage	\$ .77
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.77</b>

Postmark  
Here

Sent To **Bonnie Owen Wright**  
 Street, Apt. No., or PO Box No. **1122 Jackson Street**  
 City, State, ZIP+ **Robinsonville, Mississippi 38664**

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0006 0185 8382