

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.
- 3. Article Addressed to:

I also wish to receive the following services (for an extra fee).

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

75-07601
JAY HART
PO BOX 61
GIBBONSVILLE

ID B3463

4a. Article Number

Z 269 221 996

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

11-16-99

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

Jay Hart

6. Signature (Agent)

PS Form 3811, October 1990

U.S. GPO: 1

Z 269 221 996

US Postal Service

Receipt for Certified

No Insurance Coverage Provided.

Do not use for International Mail.

Sent to	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

ID B3463

75-07601
JAY HART
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