

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: 3/13

Nurse Mobley
 Tutwiler Correctional Facility
 8966 U.S. Highway 231, North
 Wetumpka, AL 36092

000 05-1236

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Suzie Minis* Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Suzie Minis 1-31-06

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

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

4. Restricted Delivery? (*Extra Fee*) Yes

7005 1820 0002 3465 3119

Domestic Return Receipt

102595-02-M-1540