

2:06CV509-WHA 5:04cv 19

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. Received by (Please Print Clearly) <i>A. Fortenberry</i>	B. Date of Delivery <i>2-6-04</i>
	C. Signature <i>x A. Fortenberry</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Michael Pettiford Warden - F.C.I. Yazoo City P. O. Box 5050 Yazoo City, MS 39194	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	3. Service Type <input 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)	7001 2510 0009 1245 7217	

SOUTHERN DISTRICT OF MISSISSIPPI
 FILED
 FEB 10 2004
 BY J. T. MOBLIN, CLERK
 DEPUTY

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